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ABSTRACT

This report describes the important contribution that Retired Senior Volunteer Program (RSVP) Volunteers are making to help reduce alcohol and drug abuse. ACTION undertook a study of the Retired Senior Volunteer Program's activities in alcohol and drug abuse prevention and education. The study had two major goals: to provide descriptive information based on RSVP Projects, Stations, and Volunteers and on the effects of RSVP activities; and to describe successful activities and program elements that ACTION can use to construct models for others to follow and adapt. The study used mail and telephone surveys to collect data on activities in RSVP Projects and Volunteer Stations. Based on the findings, researchers then chose three sites for more intensive on-site data collection. Project Directors of 752 (99%) of the 761 RSVP Projects completed the survey. Site visits were conducted with three exemplary Volunteer Stations to collect in-depth information. The survey results indicated that: (1) RSVP Volunteers' services include direct and indirect services, prevention, education, and treatment in the area of alcohol and drug abuse; (2) recruitment to alcohol and drug abuse areas is more demanding, and training requires more attention, than other RSVP activity areas; (3) Station Supervisors find RSVP Volunteers capable, dependable, and willing to serve; and (4) opportunities exist for increased participation in alcohol and drug abuse prevention activities. Information on what the model sites can teach and program recommendations are included. The appendices, separately bound, contain: the scope of the study; the volunteer supervisor, the project director, and the station director survey instruments; the research methodology; and extensive data tables. (ABL)

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An Evaluation Report on the Retired Senior Volunteer Program: Activities in Alcohol and Drug Abuse Prevention and Education

June 1992

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ACTION

Retired Senior Volunteer Program Activities in Alcohol and Drug Abuse Prevention and Education

June 1992

Retired Senior Volunteer Program Activities in Alcohol and Drug Abuse Prevention and Education

Submitted under Contract Number 90-043-1010

ACTION
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EXECUTIVE SUMMARY

This report describes the important contribution that RSVP Volunteers are making to help reduce alcohol and drug abuse. We show that a small, but not insignificant, number of Volunteers is serving in a rich variety of settings, providing a wide range of services. In doing so, they win high praise from their Station Supervisors. We have documented that the steps for starting up and managing a successful alcohol or drug abuse activity for RSVP Volunteers are indeed the same as other RSVP Projects. We conclude that RSVP Project Directors who are successful in other areas of programming already possess the tools for success in alcohol and drug abuse programming.

PURPOSE

ACTION undertook this research to describe and evaluate the Retired Senior Volunteer Program's activities in alcohol and drug abuse prevention and education. The study had two major goals:

- Provide descriptive information on RSVP Projects, Stations and Volunteers and on the effects of RSVP activities.
- Describe successful activities and program elements that ACTION can use to construct models for others to follow and adapt.

METHODS

The study used mail and telephone surveys to collect data on activities in RSVP Projects and Volunteer Stations. Based on the findings, researchers then chose three sites for more intensive on-site data collection. Project Directors of 752 (99 percent) of the 761 RSVP Projects (including 15 RSVP Projects affiliated with but not funded by ACTION) completed the survey. After completing the surveys, we conducted site visits with three, exemplary, RSVP Volunteer Stations to collect in-depth information. The sites were:

- Bellingham, Washington - school-based activity targeted on at-risk youth.
- Bucks County, Pennsylvania - prevention of prescription drug misuse by older adults.
- Elkhart, Indiana - use of Volunteers in probation services.

CONCLUSIONS

We present the following conclusions from our evaluation of the Retired Senior Volunteer Program's involvement in alcohol and drug abuse prevention and education activities. We have organized our conclusions under two headings: conclusions from the survey research and what the model sites have to teach us.

The Survey Results

- Level of Activity. Sixty-five percent of RSVP Project Directors reported experience with RSVP Volunteers serving in the alcohol and drug abuse area. The Project Directors reported 865 Volunteer Stations having activities in the area. This is 1.6 percent of the total 55,700 Volunteer Stations nationwide.

- Types of Services. The RSVP Volunteers in alcohol and drug abuse assignments serve in a rich variety of placements, ranging from hospitals to police departments. The services provided by the Volunteers cover the gamut of alcohol and drug abuse services. They include direct and indirect services, prevention, education, and treatment.

- Recruitment. Recruitment to the alcohol and drug abuse areas is more demanding than other RSVP activity areas. The Project Directors with experience using Volunteers in alcohol and drug abuse activities are more positive about the potentials for recruitment than those Directors who have not tried to expand into this area.

- Training. Training RSVP Volunteers in alcohol and drug abuse activities requires more care and attention than other areas of service. When given the opportunity to work in alcohol and drug abuse activities, however, the RSVP Volunteers have little difficulty learning their assignments.

- Management. Station Supervisors find RSVP Volunteers capable, dependable, and willing to serve. This positive opinion is counter to the tendency of Project Directors with no experience in alcohol and drug abuse services to believe that Volunteer management in this area is difficult.

- Volunteer Retention. Placements work well when the RSVP Project strives to establish regular and open communications with the Volunteer and the Station. A critical factor in success is developing assignments that are appropriate for RSVP Volunteers.

- Impact of Volunteer Services. RSVP Volunteers make an important contribution to the Volunteer Stations and to the clients they serve. In turn, participation in these activities adds to the Volunteers' own sense of worth. Volunteer service gives opportunities to be with clients, to make a difference and to help others.

- Potential for Expansion Opportunities for RSVP Volunteers' increased participation in alcohol and drug abuse activities are available. There are two basic processes for Project Directors to follow if they want to increase RSVP participation in alcohol and drug abuse activities. First, Project Directors must seek Volunteers with an interest in alcohol and drug abuse services. This is best done through personal knowledge of the Volunteer. Another is to work closely with alcohol and drug abuse service organizations to develop personally fulfilling Volunteer opportunities, then to market these actively to RSVP Volunteers. Potential for success is enhanced when both processes are followed.

What the Model Sites Have to Teach Us

- Before recruiting Stations or Volunteers, invest time in designing careful plans and strategies. This planning should include three steps before recruitment begins: (1) community assessment, (2) networking, and (3) getting support from key individuals.

- Three key ingredients are necessary to the successful beginning of a new Volunteer Station: identify innovative roles; involve Station staff not directly working with the RSVP placements; maintain frequent and open communication between Project and Station.

- Project Directors should consider recruiting Volunteers they know well to ensure a good fit to the assignment.

- Stations must train the Volunteers on both their specific skills and the limitations to their activities. The Station Supervisor's active involvement in designing and presenting the training sessions is important to success.

- Maintain regular, frequent communication between the Volunteer and the Station Supervisor.

PROGRAM RECOMMENDATIONS

1. ACTION should develop descriptions of model RSVP activities in alcohol and drug abuse. ACTION could base these models on the components for successful programs identified in the three site visits. This would include information on needs assessments, networking, marketing, identifying and working with new Stations, and assessment of individual Volunteers.

2. ACTION should provide technical assistance to RSVP Projects on how to identify and recruit new Stations. Part of this would show how new and existing Stations can use RSVP Volunteers in their activities.

3. ACTION should provide technical assistance to its RSVP Projects in training RSVP Volunteers. This must include knowledge of alcohol and drug abuse issues, and communication skills. This is especially true for those working with young people.

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CHAPTER ONE
INTRODUCTION

The Retired Senior Volunteer Program (RSVP) provides ways for retired persons age 60 and older to serve their communities. RSVP operates through grants to public and private nonprofit organizations in local communities across the United States. An RSVP Director on the staff of the grantee serves as the administrator for each RSVP Project. RSVP Volunteers serve in schools, hospitals, nursing homes, courts, libraries and a wide range of other community organizations. These organizations serve as RSVP Volunteer Stations. They merge RSVP Volunteers with other volunteers and professional staff as part of their service in the community.

RSVP is the largest and most diverse of the Older American Volunteer Programs. Across the country there are 746 ACTION-funded RSVP Projects. In FY 1991, 430,000 RSVP Volunteers worked with more than 55,700 community agencies. RSVP Volunteers provided more than 75 million hours of volunteer services.

Over its history, RSVP has responded to changes in society and the needs of communities for volunteers in new areas. In meeting these needs, RSVP has expanded the range of community service choices open to older volunteers. RSVP Volunteer activities serve many groups in need, ranging from children in low-income families to older Americans and families in need of respite care. These services to children and youth include "grand-friend" programs in day-care settings, after-school library programs for latch key children, and tutoring programs in elementary schools. The services also include counseling/listening and companionship to teenagers with problems. RSVP offers many services to its own age group. It includes outreach to isolated and frail elderly, respite for caregivers, and education about the dangers of misuse of prescription and over-the-counter drugs.

ACTION, the Federal domestic volunteer agency, is the parent organization to the RSVP program. ACTION, through its many programs, has responded to problems of alcohol and drug abuse through its support of volunteers working in their local communities. The Drug Alliance Office supports community organizations committed to alcohol and drug abuse prevention. The Foster Grandparent and Senior Companion Programs have volunteers in alcohol and drug abuse prevention and education across the country. RSVP Volunteers are actively helping school children resist peer pressures to use drugs. Other RSVP activities educate older persons to the dangers of prescription and over-the-counter drug misuse. Additional activities focus on education, prevention of alcohol and drug abuse, referral, or treatment for alcohol or drug abusers.

EVALUATION OF RSVP ACTIVITIES IN ALCOHOL AND DRUG ABUSE PREVENTION AND EDUCATION

ACTION undertook the research presented in this report to develop descriptions and evaluations of RSVP's activities in alcohol and drug abuse prevention and education. The research has two major goals:

- Provide descriptive information on RSVP Projects, Stations and Volunteers and on the effects of RSVP activities.

- Describe successful activities and program elements that ACTION can use to construct descriptions of model activities.

Research Triangle Institute (RTI) carried out the research under contract with ACTION's Program Analysis and Evaluation Division, Office of Policy Research and Evaluation.

RESEARCH METHODS

We used mail and telephone surveys to collect data on Volunteer activities in RSVP Projects and Volunteer Stations. Based on our findings, we then chose three projects for more intensive on-site data collection. The Project Director survey occurred in April, 1991 and the Volunteer Station Supervisor Survey in May and June, 1991. The site visits followed the completion of the surveys.

Project Director Survey

We sent a mail survey to all RSVP Project Directors listed in the ACTION directory of projects. (Copies of all surveys used in the evaluation are contained in a separate appendix, which is available upon written request from ACTION's Office of Policy Research and Evaluation.) This survey asked Project Directors about several topics, including:

- Their experience with and views about RSVP Volunteers and other older volunteers working in the area of alcohol and drug abuse.

- Their plans to begin new RSVP Volunteer activities or Stations in alcohol or drug abuse, and whether or not there are barriers to expansion.

- Information on Volunteer Stations with activities in alcohol or drug abuse.

Project Directors of 752 (99 percent) of the 761 RSVP Projects (includes 15 RSVP Projects affiliated with but not funded by ACTION) completed the survey. A total of 361 (48 percent) of these reported having one or more Stations with RSVP Volunteers now working in the alcohol and drug abuse area. They listed a total of 865 Stations that might have RSVP Volunteers providing alcohol or drug abuse related services. We then sampled from this list to identify how many RSVP Volunteers are working in this area.

Station Supervisor Survey

Using the list of Stations gained in the Project Director Survey, we sampled 387 Stations for the Volunteer Station Survey. These represented the range of reported RSVP activities in the area of alcohol and drug abuse. We over-sampled Stations in drug misuse prevention and in services to children, to have enough data for analysis of these important topics. Probability sampling assured that data for all Stations combined to give correct estimates for the total as well as for the subgroups.

In addition, we selected a probability sample of 103 Volunteer Stations for an in-depth survey. The in-depth survey gathered more open-ended, detailed data about RSVP Volunteers in alcohol and drug abuse activities. The Volunteer Station Supervisor survey and the in-depth survey asked about several issues:

- Current alcohol and drug abuse services, including the types of services provided and their recipients.
- The numbers of RSVP Volunteers working in the alcohol and drug abuse area and the services these Volunteers provide. These include both direct services and support to other service providers.
- Experience supervising RSVP Volunteers working in the alcohol and drug abuse area.
- The management support that would help make better use of RSVP Volunteers.
- The benefits to the organization of having RSVP Volunteers work in alcohol and drug abuse areas.
- Volunteers' rewards from participation in alcohol and drug abuse activities.
- Expansion of the use of RSVP Volunteers in the Volunteer Station's alcohol and drug abuse activities.

Three hundred sixty-seven Volunteer Station Supervisors responded. This represents 95 percent of the total 387 Volunteer Stations targeted. Of the 367 responding Stations, 170 (46 percent) reported having active RSVP Volunteers. We randomly selected 103 of the 387 Volunteer Station Supervisors for the in-depth survey. Of these, 48 (47 percent) reported having RSVP Volunteers working in their Stations. We completed in-depth interviews with 43 (90 percent) out of the 48.

Site Visits

We conducted site visits with three RSVP Volunteer Stations to collect more in-depth information about RSVP activities in the alcohol and drug abuse area. We used this information to identify a set of common themes that promote success in local RSVP activities in alcohol and drug abuse prevention and education. We selected the Stations to visit using information from three sources: the Project Director Survey, the Volunteer Station Supervisor Survey, and ACTION's State Offices. Based on these, we selected three sites, each with five or more RSVP Volunteers involved in direct services (rather than simply support services). These were:

- Bellingham, Washington - school-based project targeted on at-risk youth.
- Bucks County, Pennsylvania - prevention of prescription drug misuse by older adults.
- Elkhart, Indiana - use of Volunteers in probation services.

A discussion of the research methodology is contained in a separate volume of appendices.

OVERVIEW OF REPORT

This report is presented in five chapters:

Chapter One, Introduction

Chapter Two, A Description of RSVP Volunteer Activities in Alcohol and Drug Abuse Prevention and Education.

Chapter Three, Managing RSVP Volunteers.

Chapter Four, Site Visits.

Chapter Five, Conclusions and Recommendations.

CHAPTER TWO
A DESCRIPTION OF RSVP VOLUNTEER ACTIVITIES IN ALCOHOL AND DRUG ABUSE PREVENTION AND EDUCATION

In this chapter, we use data provided by the Project Directors and Volunteer Station Supervisors to examine these major topics:

- The numbers of RSVP Projects, Volunteer Stations and Volunteers in alcohol and drug abuse prevention and education.
- The types of organizations in which RSVP Volunteers serve.
- The services provided by RSVP Volunteers.
- The impact of the RSVP Volunteer Activities.

We include summary tables with major findings in the text. Appendix C holds the detailed data for these analyses. Readers wanting more information can use those tables.

NUMBERS OF PROJECTS, VOLUNTEER STATIONS AND VOLUNTEERS IN ALCOHOL AND DRUG ABUSE PREVENTION AND EDUCATION.

Overall, 65 percent of RSVP Project Directors report experience with RSVP Volunteers working in the alcohol and drug abuse area. This includes ones who report having Volunteer Station(s) with one or more RSVP Volunteers in these activities now or in the past.

Project Directors reported a total of 865 Volunteer Stations having activities on alcohol or drug abuse and using one or more RSVP Volunteers. We selected a sample of 387 of these Stations. We then sent the Volunteer Station Supervisor a questionnaire asking about their current use of RSVP Volunteers in their alcohol and drug abuse work. Forty-six percent of these Volunteer Station Supervisors reported having RSVP Volunteers now working in the alcohol and drug abuse area.

Many of the Volunteer Stations have only a few RSVP Volunteers working in the alcohol and drug abuse area. Twenty-nine percent of the Stations report having only one or two Volunteers in this area, and 58 percent have nine or fewer. The median number of RSVP Volunteers is 6, and the mean is 9.1.

THE TYPES OF ORGANIZATIONS IN WHICH RSVP VOLUNTEERS SERVE

A wide variety of organizations serve as RSVP Volunteer Stations in alcohol and drug abuse services. Overall, 15 percent are schools, school districts or school consortiums. Ten percent are social or family service agencies, nine percent are hospitals, clinics or other medical centers. Community mental health centers, public health centers and senior health centers make up nearly ten percent, while police departments account for 4 percent. Nine percent are directly sponsored by the RSVP Project or its sponsor and do not involve another organization as sponsor. There are some differences in organization type related to the age of clients served. Stations that serve only youth include school-based organizations (34 percent) and police departments (15 percent). Health care organizations serve as Stations for 16 percent of services targeted only to adults and 11 percent of those targeting both youth and adults. No health care organizations are Stations for children only.

Reflecting the diversity of RSVP Volunteer Stations and of alcohol and drug abuse services, a number (44 percent) of organizations fell into the residual category of "other". These include free-standing drug/alcohol abuse organizations, community organizations (other than health or social service agencies), and post-secondary institutions.

These types of organizations in which RSVP alcohol and drug abuse volunteers serve are consistent with overall patterns of volunteering by older Americans. The 1991 Marriott Senior Volunteer Study (Marriott Senior Living Services, 1991) surveyed respondents 60 years of age or older. This survey found that older Americans volunteer most frequently in religious organizations (57 percent). Other settings include social service agencies (32 percent), civic or cultural organizations (25 percent), educational institutions (22 percent), health organizations (16 percent), nursing home or hospice (14 percent), or hospitals (12 percent). The Marriott survey also found that 35 percent of older volunteers like to volunteer to help children, while 32 percent prefer to help other older adults.

Many of the Volunteer Stations in our study have used RSVP Volunteers for several years. The mean number of years is 6.2 and the median is 5. Stations providing alcohol and drug abuse services only to children or youth have used RSVP Volunteers an average of four years. This is less than those that serve both children and adults (6.4 years) or only adults (8.2 years).

As organizations become more active in this service area, they may draw on their existing relationship with RSVP to bring Volunteers into their drug or alcohol abuse activities. This can be done either by using existing Volunteers in new or expanded roles or by asking the RSVP Project Director for additional Volunteers. Projects may add Stations with long-established RSVP connections. These Stations might target particular groups for alcohol and drug abuse services as an extension of work already underway. In other situations, starting up alcohol or drug abuse prevention services may also involve service to a new population or the development of new Stations. These approaches provide important avenues for expansion of RSVP Volunteer participation in alcohol and drug abuse activities.

SERVICES PROVIDED BY RSVP VOLUNTEERS

We asked Station Supervisors questions about their organization's specific services or activities and whether they provide these services to youth or to adults. For each alcohol and drug abuse service area, we asked the number of RSVP Volunteers who provide direct services and the number who provide indirect or support services. We defined indirect or support services as typing, answering telephones, doing mailings, driving, or similar types of activities.

We analyzed both the responses to the detailed questions and the summary variables. We developed two summary measures. The first is whether RSVP Volunteers work only in services to children/youth, only in services to adults, or both. The second is whether they provide only indirect services, or provide direct services (which also may include indirect services).

Types of Activities Performed by Volunteers

We present the percentages of the Stations surveyed, weighted to provide estimates for the total of RSVP Stations that have RSVP Volunteers working in alcohol and drug abuse activities. These data represent Stations that have RSVP Volunteers working in the alcohol and drug abuse area, not all RSVP Stations.

Overall, 49 percent of the Volunteer Stations have RSVP Volunteers participating in drug or alcohol abuse activities for both young people and adults. Twenty-seven percent have them participating only in activities for young people, and 24 percent only in activities for adults. Seventy-five percent have RSVP Volunteers provide direct services. The other 25 percent has them provide only indirect services.

Stations that use RSVP Volunteers to provide only indirect services have smaller numbers of RSVP Volunteers than do Stations using them to provide direct services. Thirty-seven percent of Stations that have RSVP Volunteers only providing indirect alcohol and drug abuse services have one or two RSVP Volunteers. For comparison, 26 percent of Stations that have RSVP Volunteers providing direct services have only one or two RSVP Volunteers.

We asked Volunteer Station Supervisors about RSVP Volunteer participation in specific areas of service for young people and for adults. Table 2.1 summarizes the responses to these questions. The questionnaire included directions on the types of services to include under different headings, but allowed Supervisors to choose the types that better describe their activities. It is likely there is some overlapping reporting. For instance, activities that are primarily concerned with educating older persons about misuse of medications may also be reported under adult drug abuse prevention and education. Additionally, many activities for children and youth deal with prevention of both alcohol and drug abuse. Thus, the figures given in Table 2.1 do not represent separate programs, but rather they describe the areas in which RSVP Volunteers and Stations are providing services. The percentages for each area of service come from the number of Stations that provide services in that area. Finally, these data are for Stations that have RSVP Volunteers working in the alcohol or drug abuse area, not for all Stations.

Responses to open-ended questions give more information about the kinds of prevention and education projects in which RSVP Volunteers serve. These include programs such as *Beginning Alcohol and Addiction Basic Education (BABES)* and *Here's Looking at You 2000.* Other projects include such services as alternative activities, hotlines, community awareness, and informational puppet shows and videos. A few report RSVP Volunteers working in the *Drug Abuse Resistance Education (D.A.R.E.)* program, although this program, with its central participation by police officers, provides relatively few roles for volunteers.

TABLE 2.1
HOW STATIONS USE VOLUNTEERS: PERCENTAGE* OF STATIONS USING RSVP VOLUNTEERS IN AN EXISTING SERVICE AREA

Area of Abuse	Service Type	Age of Clients	
		Youth	Adults
Alcohol Abuse	Education and Prevention	86.7%	79.0%
	Treatment	42.6%	59.2%
Drug Abuse	Education and Prevention	80.5%	85.7%
	Treatment	43.7%	59.7%
Misuse of Prescription and Over-the-Counter Drugs	Education and Prevention	69.8%	77.6%
Other Alcohol or Drug Abuse Activities		69.8%	74.5%

* Percentage of all Stations offering services in that area. For example, 86.7 percent of all Stations offering alcohol abuse education and prevention services to youth use RSVP Volunteers in that area of service.

Noticeable about the data in Table 2.1 is that many surveyed Volunteer Stations report using RSVP Volunteers in projects for young people and in treatment programs. Several have RSVP Volunteers work in Stations serving children/youth. The percentages of surveyed Stations with RSVP Volunteers participating in treatment programs are considerably smaller than for education and prevention programs (especially for children and youth). These data show that Stations with RSVP Volunteers in alcohol or drug abuse services report between 40 and 60 percent work in treatment services.

Direct and Indirect Services by RSVP Volunteers

We asked the Volunteer Station Supervisors for specific types of services and the numbers of RSVP Volunteers providing direct and indirect services in each area. These service areas give more concrete information on the specific types of activities in which RSVP Volunteers serve. These data, shown in Table 2.2, complement the information provided in Table 2.1, which describes the broader program areas in which the Stations provide services.

TABLE 2.2
HOW STATIONS USE VOLUNTEERS: TYPES OF SERVICES PERFORMED

Services	Percentage* of Stations Using RSVP Volunteers in a Service the Station Provides	
	Direct Services	Indirect Services
Informational Activities for Persons at Risk	53.8%	56.6%
One-on-One Interpersonal Activities	47.7%	56.5%
Public Information Campaigns	45.2%	67.1%
Affective Education	45.2%	55.7%
Peer Resistance Skill Training	41.2%	38.5%
Identification and Referral of Users	40.7%	43.8%
Hotline	37.3%	42.3%
Counseling or Therapy	31.0%	54.9%
Training to Provide Services	26.9%	36.7%

* Percentage of all Stations offering services in that area. For example, 53.8 percent of all Stations offering informational programs for persons at risk use RSVP Volunteers in that service.

The data show a pattern of RSVP Volunteer activities consistent with the program area data shown in Table 2.1. Both tables show the greater involvement of RSVP Volunteers in prevention and education activities than in treatment services. For Table 2.2, as for Table 2.1, the percentages come from the number of Stations that provide services of each particular type. For instance, the 45 percent of Stations that have RSVP Volunteers working in public information campaigns come from the total number of Stations that have Volunteers performing such services.

The survey asked about several kinds of services that play an important role in drug abuse prevention and education programs for children and youth. These include affective education, peer resistance skill training, alternative activities, and one-on-one interpersonal activities.

Overall, the use of RSVP Volunteers to provide these services ranges from about one-third to one-half of the surveyed Volunteer Stations.

In Stations where RSVP Volunteers provide services to children or youth, their use is considerably higher than in those that serve only adults. Among surveyed Volunteer Stations only serving children or youth, 64 percent use RSVP Volunteers to provide affective education and 55 percent have them in alternative activities. Forty-seven percent use them in peer resistance skill training and 44 percent involve them in one-on-one interpersonal activities.

Another area in which Stations use RSVP Volunteers is informational activities. These include public information campaigns, such as using the media or posters, and information programs for persons at risk. This latter might include distributing information on the danger of over-the-counter or prescription drug misuse. Slightly more than half the Stations surveyed use RSVP Volunteers to provide either direct (54 percent) or indirect (57 percent) help in informational programs for persons at risk. In public information campaigns, RSVP Volunteers are more likely to provide indirect services (for example, typing, stuffing envelopes) than direct services, 67 percent compared to 45 percent).

Less frequent uses of Volunteers include providing direct counseling or therapy (31 percent), hotline (37 percent), or referral (41 percent), or to provide training to service providers (27 percent). The use of RSVP Volunteers to provide indirect services for counseling and therapy is considerably more widespread (55 percent of surveyed Stations).

RSVP Volunteers are more likely to serve in support of several kinds of activities in Stations that serve adults than in ones that serve only young people. These include counseling or therapy, hotlines, or one-on-one interpersonal activities. It may be that the use of RSVP Volunteers in programs for children and youth is more specialized and targeted. This is because they provide--by their own choice or that of the Volunteer Station--a wider range of direct and indirect service roles in Stations serving adults. Volunteer Stations also report using RSVP Volunteers to provide a variety of other services. These include advocacy, financial referral, parenting classes, and help with drinking and driving classes, among others.

Data on the roles of older volunteers from the Marriott survey provide a useful comparison to the RSVP data. Their survey found that older volunteers provide instruction (32 percent), advisory services (37 percent), clerical (23 percent) or supervisory (20 percent) work, transportation (41 percent), and counseling (18 percent) (Marriott Senior Living Services, 1991). RSVP Volunteer assignments in the alcohol and drug abuse area include many of these activities and services, as well as other activities.

Data from the in-depth survey of Station Supervisors give additional insights into the services RSVP Volunteers perform or could perform in alcohol and drug abuse programs. We covered Volunteers' ability to work with the agency's target populations and activities in which RSVP Volunteers are most effective. We also considered the ones the Supervisor would like to see RSVP Volunteers perform. We also asked for examples of situations in which a volunteer was crucial to a client's care. Quotations and summaries of some of these responses illustrate the diverse contributions RSVP Volunteers make.

The Station Supervisors' responses to RSVP Volunteers' ability to work with different populations were uniformly positive. Most commented that the Volunteers were valuable because of their life experiences, knowledge, and their background to share. Six of the 43 Station Supervisors interviewed in-depth, however, commented about some RSVP Volunteers' resistance to work with youth.

In another question, we asked Station Supervisors whether there are additional activities they would like to see the Volunteers perform. Several recognized that using RSVP Volunteers would be very helpful when working with youth. They especially believed this because the older volunteers can share their own personal experiences to get young people to stay in school and not use illegal drugs. In spite of reporting that RSVP Volunteers are resistant to these roles, several Station Supervisors still maintained that older volunteers could effectively provide these services.

THE IMPACT OF RSVP VOLUNTEER ACTIVITIES

In this section we look at the impact of the RSVP Volunteers and their contributions to the local organizations in which they serve.

Impact of RSVP Volunteers on the Volunteer Station and Clients

The survey asked Station Supervisors to rank the advantages to their organizations of using RSVP Volunteers. Most highly rated (ranked first by 26 percent) was that RSVP Volunteers provide additional support for the organization's services. Volunteer dependability was second (17 percent). Life experiences was third (15 percent), and interest and enthusiasm fourth (14 percent).

Supervisors mentioned, in their comments, other advantages of RSVP Volunteers. One is that they take time to volunteer, including serving during daytime hours or adjusting their schedules to the needs of the volunteer situation. Supervisors also cited Volunteers' age and relationship to clients as advantages. On the one hand, Volunteers are the same age as clients in programs for older persons, thus able to relate as peers. On the other, they can relate to children in a grandparent role and provide an intergenerational link.

Impact of Participation on RSVP Volunteers

We asked Station Supervisors about the aspects of work in alcohol and drug abuse activities that RSVP Volunteers find most rewarding. The largest number (43 percent) identified "interactions with clients." This was especially likely to occur in responses from Volunteer Stations in which RSVP Volunteers provide direct services to clients (49 percent). It was also important, however, in a number of stations where RSVP Volunteers provide indirect or support services (27 percent).

Fewer Volunteer Station Supervisors thought the most rewarding part of Volunteers' participation came from serving with other volunteers and staff (17 percent). A similar number named developing new skills and getting information (16 percent). A few mentioned other rewards. These include the Volunteers' feeling they are doing something needed or something that helps others, or getting a sense of self-worth and satisfaction from their work.

RSVP Volunteers' rewards from serving in alcohol and drug abuse programs are similar to those reported by other older volunteers. For instance, a 1985 study of RSVP Volunteers found that they report several benefits of participation. They included: increased activity (63 percent), feelings of usefulness (58 percent), improved social life (50 percent), feelings of accomplishment (42 percent), and improved attitude/outlook (31 percent) (Booz, Allen and Hamilton, 1985). The 1991 Marriott survey (Marriott Senior Living Services, 1991) found that 85 percent of older volunteers said they perform volunteer services to help others, and 65 percent do it to feel more useful or productive.

SUMMARY AND CONCLUSIONS

Numbers of Projects, Volunteer Stations and Volunteers in Alcohol and Drug Abuse Prevention and Education

- Sixty-five percent of RSVP Project Directors report experience with RSVP Volunteers working in the alcohol and drug abuse area. This includes Project Directors who report having Volunteer Station(s) with one or more RSVP Volunteers in these activities now or in the past.

- Project Directors reported a total of 865 Volunteer Stations having activities on alcohol or drug abuse and to have one or more RSVP Volunteers now active in this area. A sample of 387 Stations was drawn for further study.

- Forty-six percent of the surveyed Volunteer Station Supervisors reported having RSVP Volunteers now working in the alcohol and drug abuse area.

- Many of the Volunteer Stations have only a few RSVP Volunteers working in the alcohol and drug abuse area. Twenty-nine percent report having only one or two Volunteers in this area, and 58 percent have nine or fewer. The average number is 9.1.

The Types of Organizations in Which RSVP Volunteers Serve

- RSVP Volunteers serve in many settings, including schools, police departments, social or family service agencies, medical settings, specialized alcohol and drug abuse organizations, and senior centers. The organizations, and their RSVP Volunteers, serve in Stations for young people and adults. These provide both direct and indirect support services.

- RSVP Volunteers are involved in alcohol or drug abuse prevention and education for young people and adults. Volunteers are active in adult education seeking to prevent the misuse of prescription and over-the-counter drugs. RSVP Volunteers in several Stations are involved in alcohol or drug abuse treatment with adults. Use of RSVP Volunteers in treatment for children/youth is less common.

Areas of Service and Populations Served

- RSVP Volunteers provide a wide range of services. These include informational activities, and counseling and related activities (for example, hotline, referrals). They are active in youth programs, including affective education, peer resistance training, alternative activities, and one-on-one interpersonal activities (for example, tutoring, mentoring). The activities of RSVP Volunteers include a number that are characteristic of particularly promising endeavors aimed at the prevention of drug abuse by young adolescents.

The Impact of RSVP Volunteer Activities

- The responses of Station Supervisors emphasized the contributions RSVP Volunteers make to the Volunteer Stations and to the clients they serve. In turn, Station Supervisors believe participation in these activities adds to the Volunteers' own sense of self worth. Volunteer service gives opportunities to work with clients, to make a difference and to help others.

CHAPTER THREE
MANAGING RSVP VOLUNTEERS

Our discussion of RSVP Volunteer management in the alcohol and drug abuse area focuses on recruitment, training, supervision and management, and retention. We address questions about challenges or barriers to RSVP participation in each of these areas. For instance, there can be a concern that older people will be reluctant to work with teenagers, especially ones with illicit drug problems. Others may be fearful about their safety in working where the Stations are located. Volunteer Station Supervisors may question the ability of older volunteers to relate to the causes of and solutions to illegal drug use. Concerns like these can affect the willingness of RSVP Project Directors to recruit Volunteers to this area, Volunteer Stations to seek opportunities for Volunteers, or Volunteers to respond positively to such recruitment efforts.

In the surveys, we asked Project Directors and Volunteer Station Supervisors a series of questions about RSVP Volunteer management. Analyses of these data help identify areas of concern and, conversely, areas where experienced Volunteer managers do not report many problems. These findings can help Volunteer managers at all levels to identify opportunities and problems and to target their resources.

RECRUITMENT

Volunteer service in alcohol or drug abuse prevention, education, or treatment-- especially in programs serving youth--is challenging. Potential Volunteers may worry about their safety or their ability to deal with the problems people experience. They may find it difficult to make the time commitment a structured program requires or may find it hard to be there at the scheduled hours. For these reasons, it may be difficult to recruit Volunteers or develop Volunteer placement opportunities. The survey explored these issues, both with Project Directors and Volunteer Station Supervisors.

Table 3.1, on the next page, summarizes the Project Director survey on Volunteer recruitment. These data point to significant concerns about Volunteer recruitment on the part of RSVP Project Directors. The data appear separately for Project Directors who do and do not report experience with RSVP Volunteers in alcohol and drug abuse activities. We define experience as those Directors who answered yes to Question 7 on the Project Director Survey, "Do you have or have you ever had RSVP Volunteers working in any of these areas [alcohol and drug abuse]?"

Eighty-four percent of the responding RSVP Project Directors believe it is more difficult to recruit RSVP Volunteers to serve in the alcohol and drug abuse area than other areas. Eighty-five percent believe older volunteers prefer to serve in other areas. This suggests two

TABLE 3.1
RECRUITMENT: RSVP PROJECT DIRECTORS RATE THE DIFFICULTY

"Do you think recruiting RSVP Volunteers to work in alcohol or drug abuse activities would be more difficult, about the same, or less difficult than other program areas?"	Percent of Project Directors		
	Experience in Alcohol & Drug Abuse Activities?		Combined
	No	Yes	
More	87.2	82.4	84.1
Same	12.0	16.3	14.8
Less	.8	1.2	1.1

conclusions. First, although some RSVP Volunteers may accept opportunities in this area, alcohol and drug abuse assignments will continue to be the province of a minority of RSVP Volunteers. Second, identifying current Volunteers or recruiting others to serve in this area will take special efforts.

TABLE 3.2
RSVP PROJECT DIRECTORS' ATTITUDES TOWARD OLDER AMERICANS SERVING AS VOLUNTEERS IN ALCOHOL AND DRUG ABUSE AREAS

	Percent of Project Directors Agreeing with Statement		
	Experienced in Alcohol & Drug Abuse Activities?		
"Most Older Americans . . ."	No	Yes	Combined
"...prefer to work in program areas that are not involved in alcohol or drug abuse activities."	86.1	84.3	85.0
"...are comfortable working in alcohol and drug abuse activities with children and youth."	13.9	21.5	18.9
"...are comfortable working in alcohol and drug abuse activities with adults."	15.5	19.1	17.9
"...believe that volunteering to help with alcohol or drug abuse activities would require their going into dangerous places."	55.0	52.6	53.5
"...have the skills needed to help in alcohol or drug abuse activities."	19.0	28.6	25.3

Other Project Director responses point to other potential problems. Sixty-one percent of the Project Directors disagree that older volunteers are comfortable working in alcohol and drug abuse activities. Table 3.2, on the previous page, summarizes Project Directors' views on older Americans as volunteers in alcohol and drug abuse projects. More of the experienced Project Directors believe older Americans are comfortable serving in alcohol and drug abuse work with young people than do the less experienced Project Directors. This suggests that experience may change Project Directors' views about older volunteers' ability to work in this area. Even among experienced Project Directors, the majority (58 percent) do not believe older volunteers are comfortable working with children and youth in alcohol and drug abuse activities. Fifty-four percent of all Project Directors also think that older volunteers believe alcohol and drug abuse assignments would require their going into dangerous places.

TRAINING

Only 25 percent of Project Directors agreed with the statement that most older Americans have the skills needed to help in alcohol or drug abuse activities. Forty-nine percent believe it is more difficult to train RSVP Volunteers to work in this area than in other RSVP program areas. Project Directors who report experience with RSVP Volunteers in the alcohol and drug abuse area are more favorable than those lacking that experience. This suggests that experience reduces some of the Project Directors' concerns about RSVP Volunteers. Many of those experienced in this area, however, see that RSVP Volunteer training for alcohol and drug abuse projects will continue to be an area of concern.

TABLE 3.3
TRAINING: RSVP PROJECT DIRECTORS RATE THE DIFFICULTY

"Do you think training RSVP Volunteers for alcohol or drug abuse activities would be more difficult, about the same, or less difficult than other program areas?"	Percent of Project Directors		
	Experienced in Alcohol & Drug Abuse Activities?		
	No	Yes	Combined
More	55.6	45.2	48.8
Same	43.6	52.1	49.2
Less	0.8	2.6	2.0

Volunteer Station Supervisors are more positive than the Project Directors. Supervisors report that RSVP Volunteers compare favorably with other volunteers. Most Supervisors, about 60 percent, say RSVP Volunteers present no more problems than others in learning their assignments (see Table 3.4 on the next page). One-third of the Supervisors report that RSVP Volunteers present more problems. Training problems for RSVP Volunteers are somewhat greater in programs that serve only young people than in other programs. In these, 37 percent of the Station Supervisors say RSVP Volunteers have fewer problems than others learning the assignment. Fifty-two percent say they are the same, and 11 percent say they have more problems.

TABLE 3.4
LEARNING THE ASSIGNMENT: VOLUNTEER STATION SUPERVISORS RATE THE PROBLEMS

"RSVP Volunteers have fewer, the same, or more problems [compared with other volunteers in the organization] learning the job."	Percent of Supervisors
More	33.3
Same	60.2
Less	6.5

Both Project Directors and Volunteer Station Supervisors give parts of the picture. On the one hand, service in alcohol and drug abuse activities may take special skills or training, but this is likely to be true for all volunteers. RSVP Volunteers' training needs may not be much greater or different from those of other alcohol and drug abuse volunteers. Also, assessing Volunteers' interests and experience and developing Volunteer assignments that draw on those should make it easier for Volunteers to learn and carry out their assignments.

SUPERVISION AND MANAGEMENT

We asked Project Directors and Station Supervisors about specific aspects of Volunteer supervision and day-to-day management. Project Directors' responses appear in Tables 3.5, 3.6, and 3.7.

Project Directors' Perspectives

Usually, Project Directors say Volunteer management is about the same for the alcohol and drug abuse area as for other RSVP program areas. For instance, 82 percent say Volunteer transportation problems are about the same, while 17 percent say they are more difficult. Seventy-one percent believe supervising Volunteers is about the same, although 27 percent think it is more difficult. Thirty-eight percent say schedule requirements for Volunteers in the alcohol and drug abuse area are more difficult, with 58 percent saying they are about the same.

The viewpoint of Project Directors inexperienced with RSVP Volunteers assigned to alcohol and drug abuse projects is distinct. They are more likely than others to believe Volunteer management is more difficult in the alcohol and drug abuse area than in other RSVP program areas.

TABLE 3.5
TRANSPORTATION: PROJECT DIRECTORS RATE THE DIFFICULTY

"Do you think that RSVP Volunteer transportation to alcohol or drug abuse activities would be more of a problem, about the same, or less of a problem than in other program areas?"	Percent of Project Directors		
	Experienced in Alcohol & Drug Abuse Activities?		
	No	Yes	Combined
More	20.3	14.5	16.5
Same	78.1	83.7	81.8
Less	1.6	1.8	1.7

TABLE 3.6
VOLUNTEER SUPERVISION: PROJECT DIRECTORS RATE THE DIFFICULTY

"Do you think that supervising RSVP Volunteers for alcohol or drug abuse activities would be more difficult, about the same, or less difficult than other program areas?"	Percent of Project Directors		
	Experienced in Alcohol & Drug Abuse Activities?		
	No	Yes	Combined
More	29.8	24.7	26.5
Same	69.4	72.4	71.4
Less	0.8	2.9	2.1

TABLE 3.7
SCHEDULE REQUIREMENTS: PROJECT DIRECTORS RATE THE DIFFICULTY

"Do you think that the schedule requirements for RSVP Volunteers ... in Stations involved in alcohol or drug abuse activities would be more demanding, about the same, or less demanding than other program areas?"	Percent of Project Directors		
	Experienced in Alcohol & Drug Abuse Activities?		
	No	Yes	Combined
More	46.2	34.2	38.3
Same	50.2	62.4	58.2
Less	3.5	3.5	3.5

These responses support several conclusions. Some Project Directors see RSVP Volunteer management and supervision in the alcohol and drug abuse area as more demanding than in other program areas. The differences, however, are ones of degree and most say the problems are not greater. Additionally, although experience accompanies the view that the problems are not greater, the differences are not large.

STATION SUPERVISORS' PERSPECTIVES

We asked Volunteer Station Supervisors, "For your organization to make the best possible use of RSVP Volunteers in alcohol and drug abuse activities, do you need additional management help from the RSVP Project?" Table 3.8, on the next page, summarizes the results. For each area, most Volunteer Station Supervisors report they do not need any additional help from the Project. There are four areas in which one-fourth or more of the Supervisors say they need additional help from the Project. These are recruiting, initial and assignment-specific training, providing the Station with information on the Volunteers' interests and experience, and Volunteer recognition. The data suggest that Volunteer Stations that work only with youth need help more than ones that serve adults. Somewhat more of the Supervisors for these Stations say they could use additional help in recruiting, initial training and orientation, assignment-specific training, Volunteer recognition, and aid in doing the Volunteer assignment.

The requirements of work with children or youth are demanding. Many Projects and Stations have limited experience in using older volunteers to work with this age group. As a result, additional management help in this area is likely to be valuable for the effective use of RSVP Volunteers.

Data from the in-depth survey of Volunteer Station Supervisors provide additional information on areas where they need help. The survey asked Station Supervisors, "What should RSVP's role be in the assignment and retention of Volunteers in your agency?" This question showed three types of help. First, 4 of the 43 Station Supervisors who responded to the in-depth survey wanted help in identifying roles Volunteers can play within their agency.

Second, once they identified a role for Volunteers, 12 of these 43 Supervisors asked for the Project to spend time screening Volunteers to match their interests with the agency's needs. These Station Supervisors suggested that the RSVP Project should describe their available Volunteers and advise the Station on their placement. The concern was that the Station's activities should mesh with the Volunteer's interests. Finally, six Station Supervisors asked that the RSVP Project be more involved in the training of Volunteers for the agency.

A second question on the in-depth survey asked, "What can RSVP do to improve the use of Volunteers for your organization?" Nine Station Supervisors said it would be helpful for the Project to publicize Volunteer opportunities and recruit Volunteers so they are available when needed. In addition, several thought it would be helpful if the Project could clearly define for the Volunteer what to expect from their position to promote understanding. Eight Supervisors wanted the Project to follow-up with the Volunteers or agency and help when problems arise.

TABLE 3.8
VOLUNTEER MANAGEMENT AREAS WHERE STATIONS NEED HELP FROM THE RSVP PROJECT

Management Areas	Percent of Supervisors Needing Some or Substantial Additional Help
Volunteer Recruitment	42.1
Information on Volunteers' Interests	28.1
Initial Volunteer Training	28.1
Volunteer Recognition	26.1
Task-Specific Training	23.3
Volunteer Assignment Problems	18.3
Screening	17.6

Volunteer recruitment and help in the screening and placement process are areas where the Project plays a key role. The area of alcohol and drug abuse, especially for projects involving service with children or youth, requires special efforts. These efforts include marketing the programs to potential RSVP Volunteers. Projects can help identify roles the RSVP Volunteers can play (and would find rewarding) in alcohol and drug abuse projects. Stations need help finding the right match between the Volunteer and the volunteer assignment.

The Project and Station must work with the Volunteer from the start to be sure the Volunteer understands the assignment. The Project can work to maintain communication with the Volunteer and agency to help deal with problems as they arise. By providing these kinds of services, RSVP Projects can strengthen the partnership between the Project and Station level. It would also support RSVP Volunteers working in alcohol and drug abuse projects.

VOLUNTEER RETENTION

Volunteer retention is an important aspect of volunteer management for RSVP, as for other volunteer programs. The survey asked Volunteer Station Supervisors how hard it is to keep RSVP Volunteers compared with other volunteers. Sixty percent of Volunteer Station Supervisors say RSVP Volunteers are easier to keep than other volunteers. Thirty-two percent say they are about the same, and only 8 percent say they are more difficult to keep.

The picture varies somewhat by the population served and the kinds of activities performed by the RSVP Volunteers. In particular, RSVP Volunteer retention appears relatively more difficult in projects serving only young people. Fifteen percent of Volunteer Station Supervisors say it is more difficult to keep RSVP Volunteers than other volunteers in these projects. Even in these projects, however, 52 percent of Volunteer Station Supervisors say RSVP Volunteers are easier to keep than others. Thirty-three percent report no difference.

POTENTIAL FOR EXPANSION

In the preceding sections we described the activities of RSVP Volunteers in the alcohol and drug abuse area. We assessed their impact on community programs and we discussed volunteer management. Now that we understand what it is RSVP Volunteers do and need, we can begin to consider how programming in alcohol and drug abuse prevention can grow. We asked Project Directors and Volunteer Station Supervisors several questions about their interests or plans to expand RSVP involvement in this area. In this section we describe these plans and interests.

Project Directors' Perspectives

We asked all RSVP Project Directors about their interest in developing or expanding RSVP activities in the areas of alcohol and drug abuse. The majority expressed a high level of interest (37 percent) or moderate interest (50 percent). Only a small proportion (14 percent) said they have no interest. The number very interested in expansion is greater for those experienced with RSVP Volunteers in this area (42 percent) than among those with no experience (27 percent). Even among those with no reported experience, only 19 percent express no interest. Additionally, 40 percent of the less experienced Project Directors plan to have new RSVP Volunteers or Stations in alcohol and drug abuse activities within six months.

We also asked Project Directors about the areas in which they plan to begin new RSVP Volunteer activities or Stations within the next six months. Table 3.9, on the next page, shows the data on their plans. We excluded those Project Directors who have no experience and do not have any plans to begin efforts in this area during the next six months.

We looked more closely at the Project Directors who have experience with alcohol and drug abuse services or plan to start. Fifty-eight percent plan to begin new RSVP activities or Stations in prevention of misuse of prescription and over-the-counter drugs. At least half of the Directors also plan activities in drug abuse prevention or education (55 percent) or alcohol abuse prevention (51 percent). Consistent with data about the higher involvement of RSVP in prevention and education, few plan new activities in alcohol or drug abuse treatment (18 percent and 15 percent).

Eighty-five percent of the inexperienced Project Directors plan new involvement in prevention of misuse of prescription and over-the-counter drugs. More than 70 percent plan efforts in drug abuse prevention/education (74 percent) or alcohol abuse prevention/education (73 percent). Projects often include both alcohol and drug abuse prevention and education. Thus, several of these Project Directors may plan to develop integrated activities in these areas.

Overall, these data show there is widespread interest in beginning or expanding involvement in alcohol and drug abuse activities. This is especially true among those currently inactive in the alcohol and drug abuse area. They show particular interest in prevention or education activities. Relatively few plan to start or expand participation in treatment services.

TABLE 3.9
PROJECT EXPANSION: PERCENT OF PROJECT DIRECTORS PLANNING TO EXPAND

Areas of Planned Expansion	Percent of Project Directors Planning to Expand *		
	Experienced in Alcohol & Drug Abuse Activities?		Combined
	No	Yes	
Prevention of Misuse of Prescription and Over-the-Counter Drugs	85.4	52.1	57.9
Drug Abuse Prevention and Education	73.8	50.7	54.8
Alcohol Abuse Prevention and Education	72.8	46.7	51.3
Alcohol Abuse Treatment	25.2	16.0	17.6
Drug Abuse Treatment	20.6	14.3	15.4

* These tabulations exclude those who have never had RSVP Volunteers in alcohol and drug abuse areas and do not plan to in the next 6 months.

The survey asked Project Directors who reported interest in developing or expanding activities what information and aid would be most helpful to them. Project Directors cited information on alcohol and drug abuse-related activities using older Americans (36 percent). They could also use information on recruiting, selecting and training older volunteers (38 percent). Both Project Directors who report prior experience and ones who do not gave the same responses to this question.

We asked Project Directors who reported experience or interest in having RSVP Volunteers serve in the alcohol and drug abuse area to identify the main barriers to planning a project. The barrier most frequently cited was lack of Volunteers who want to serve in the area (39 percent). Others mentioned a lack of funds to recruit more Volunteers (13 percent). Only a few Project Directors report having a waiting list of Volunteers who want to serve in alcohol and drug abuse activities (6 percent).

A total of 34 percent of Project Directors gave reasons that have to do with organizations' interests, resources and participation. They lacked Stations to request RSVP Volunteers, projects in the alcohol and drug abuse area, and tasks for RSVP Volunteers to do. Also cited were a general inability of projects in alcohol or drug abuse to find tasks for Volunteers to perform. A few mentioned that other organizations are more appropriate to provide help with alcohol and drug abuse activities.

Other barriers included the Project Director's lack of knowledge on programming in this area and lack of staff time for recruiting or other activities needed to build involvement. A few mentioned lack of funds.

The survey asked Project Directors whether they had positions in alcohol or drug abuse they could not fill within the past six months. If they did, we asked for the number of positions. Among those with experience (who are more likely to have Volunteer Stations) 31 percent said they had positions they could have filled if they had more Volunteers. Among those who reported no experience, the corresponding number was 17 percent. Both these numbers point to the potential for more RSVP Volunteers to serve in alcohol and drug abuse projects.

Volunteer Stations

Two major findings from the Volunteer Station Supervisor survey give additional insights on the potential for RSVP expansion in this area. When asked how important RSVP Volunteers are to the success of their organization, 64 percent of Volunteer Stations Supervisors said they are very important. Another 22 percent said they are important, and only a small number said they are somewhat important (12 percent) or not very important (2 percent). Consistent with this, 55 percent of Station Supervisors report unfilled volunteer positions in the alcohol and drug abuse area for which they could use additional RSVP Volunteers.

Many Volunteer Stations could use more RSVP Volunteers in the alcohol and drug abuse area. This shows a strong demand for RSVP Volunteer help and the value of Projects' recruiting additional RSVP Volunteers. Project Directors' concern about recruiting volunteers point to the importance of communication between Station and Projects about Volunteer needs. Increased Volunteer recruiting in this area may require special efforts.

SUMMARY AND CONCLUSIONS

Recruitment

- Project Directors see recruitment of RSVP Volunteers for the alcohol and drug abuse area as more demanding than recruitment for other RSVP Projects. Most maintain that older volunteers prefer to serve in other program areas. Many assert that the Volunteers are not comfortable working with alcohol or drug abuse activities--either with young people or adults. Many Project Directors also believe Volunteers are afraid this activity would take them to dangerous areas.

- Project Directors with experience using RSVP Volunteers in alcohol and drug abuse activities were compared to those with no experience in this area of activity. The experienced Project Directors are more likely to believe older Americans are comfortable working with young people. This suggests that experience leads to a change in attitude toward older volunteers' ability to work in this area.

- Even among experienced Project Directors, the majority (58 percent) do not believe older volunteers are comfortable working with children and youth in alcohol and drug abuse activities.

Training

- Only 25 percent of Project Directors agreed with the statement that most older Americans have the skills needed to help in alcohol or drug abuse activities.

- Data from Project Directors and Station Supervisors suggest that training RSVP Volunteers for the alcohol and drug abuse area demands more than for other RSVP program areas. Again, the experienced Project Directors are more likely to minimize this problem.

- Most Supervisors say RSVP Volunteers do not have more trouble learning the assignment than do their other volunteers. Areas where training for RSVP Volunteers appear especially important include knowledge of alcohol and drug abuse issues, and communication skills. This is especially true for projects working with young people.

Supervision and Management.

- Project Directors say Volunteer management is about the same for the alcohol and drug abuse area as for other RSVP program areas. For instance, 82 percent say Volunteer transportation problems are about the same. Seventy-one percent believe supervising Volunteers is about the same.

- The viewpoint of Project Directors inexperienced with RSVP Volunteers assigned to alcohol and drug abuse projects is distinct. They are more likely than others to believe Volunteer management is more difficult in the alcohol and drug abuse area than in other RSVP program areas.

- Volunteer Station Supervisors report that RSVP Volunteers are dependable and willing to do the assignments. Volunteers relate well with staff and clients. RSVP Volunteers are available to work on schedule as needed. They need the same or less supervision than other volunteers.

Station Supervisors' Perspectives.

- Volunteer Station Supervisors say they could use additional help in Volunteer recruitment. They would like the Projects to be able to provide Volunteers when needed. Projects should work with Volunteers and Stations to develop a good understanding and match between the Volunteer and the assignment. In addition, several commented on the value of communication between the Project and Volunteer or agency to help deal with problems as they arise.

- The needs for additional Project support are somewhat greater for projects serving young people. One possible reason is the greater demands these programs can place on Volunteers. Stations need help to develop opportunities that are appropriate for RSVP Volunteers.

Retention

- Once RSVP Volunteers become involved in an alcohol or drug abuse project, retaining them is about the same or easier than for other volunteers serving on the project. This, together with their dependability, are important contributions of RSVP Volunteers to alcohol and drug abuse projects.

- RSVP Volunteer retention appears relatively more difficult in projects serving only young people.

Potential for Expansion

- Most Project Directors express interest in beginning or expanding RSVP activities in the area of alcohol and drug abuse. The area most frequently mentioned for expansion is the prevention of misuse of prescription or over-the counter drugs. Other areas mentioned included alcohol or drug abuse prevention or education. Relatively few plan to expand activities in alcohol or drug abuse treatment.

- Project Directors say it would be helpful to have information on alcohol or drug abuse related activities involving older volunteers. They also need information on how to recruit, select and train older volunteers for service in this area.

- Most Volunteer Station Supervisors say RSVP Volunteers are very important to their organization's success. More than half have unfilled alcohol or drug abuse volunteer positions for which they could use additional RSVP Volunteers. Similarly, several RSVP Project Directors report they have positions they could fill if they had more Volunteers. From both perspectives, opportunities for RSVP Volunteers' increased participation in alcohol and drug abuse activities are available, if Projects can recruit and train Volunteers. By communicating and working closely together, Projects and Volunteer Stations may be able to increase RSVP Volunteers' participation in this area.

CHAPTER FOUR
SITE VISITS

We conducted site visits with three RSVP Volunteer Stations to collect more in-depth information about RSVP activities in the alcohol and drug abuse area. We used this information to identify a set of common themes that promote success in local RSVP activities in alcohol and drug abuse prevention and education. We selected the Stations to visit using information from several sources. From the Project Director Survey, we identified Volunteer Stations rated "excellent" or "very good" in volunteer management. Using the Volunteer Station Supervisor Survey, we noted the activities and target populations, the number of RSVP Volunteers involved, and geographic region. Finally, we consulted with ACTION Staff.

Based on these sources of information, we selected three sites, each with five or more RSVP Volunteers involved in direct services (rather than simply support services). These were:

- Bellingham, Washington - school-based activity targeted on at-risk youth.
- Bucks County, Pennsylvania - prevention of prescription drug misuse by older adults.
- Elkhart, Indiana - use of Volunteers in probation services.

In the visits to these sites, we sought to develop more in-depth information on specific issues addressed in the survey. In our analysis we describe in detail the organization, operation, community context and results of several effective activities whose experience could provide models for others.

SITE VISIT DATA COLLECTION

We used several methods in carrying out the site visits. We conducted individual interviews with Project Directors, Volunteer Station Supervisors and others knowledgeable about the activities. We conducted focus groups with groups of seven to eleven RSVP Volunteers. In the focus groups we asked the Volunteers to share their experiences. We asked about personal rewards, barriers to participation, and views about the activities. In addition, we collected written documents such as program descriptions during the site visits.

We analyzed the information from each of three sources: individual interviews, focus groups, and local documents. For each site, we had two researchers (one who did the site visit and one who did not) review all the materials from the site. They coded and analyzed themes that emerged across sites. They organized their findings into several management and evaluation issues. They included: getting a new Volunteer Station; recruiting, selecting and training RSVP Volunteers; and managing and supporting RSVP alcohol and drug abuse services.

In the discussion of the site visit results we first describe each site's history. Next, we cover RSVP Volunteer recruitment, training and activities related to alcohol or drug abuse prevention.

Then, we present the themes and issues that emerged from the cross-site analyses. Finally, we discuss their implications for RSVP alcohol and drug abuse activities.

MODEL SITES

Bellingham, Washington

History. We selected Bellingham because of their innovative use of Volunteers with elementary age children in the alcohol and drug abuse area. For several years, the Bellingham RSVP Project had used Volunteers in the schools to tutor children having difficulty in specific scholastic areas. About two years ago, one of the area elementary school principals approached the RSVP Project Director. The school administrator proposed using older volunteers as mentors with children identified as at-risk for serious problems such as mental illness or alcohol and drug abuse. This principal had used RSVP Volunteers for several years to help with tasks like filing papers, assisting in the library, and helping children learn to read. This idea to use Volunteers with at-risk youth came about because of a particular child in his school. He felt this child would respond well to an older adult's involvement.

The Project Director approached this idea very carefully because of constraints within the school district. She began work on this activity by enlisting the support of both the school board and area superintendents. She then took letters of support from these people to the school principals to enlist their support. She was proposing to start a RSVP mentoring activity for children identified by the school as being at-risk. She also set up an advisory council to watch the progress of the new activity. They called the program that emerged SAY=YES, an acronym for "Seniors and Youth = Youth Excel in School." To begin, the Project Director submitted an application for grant funding from private foundations. She received money to hire a full-time Volunteer Coordinator for the SAY=YES program.

Volunteer Recruitment and Training. After receiving approval from school administrators, the Project Director identified RSVP Volunteers to work with children as mentors. She picked these Volunteers based on her knowledge of their background, which usually included some experience working with children. The Station Supervisor then interviewed them for their suitability for the assignment. He showed how the RSVP Project Director had done a good job in identifying appropriate Volunteers for the task.

The Station Supervisor went on to describe the chosen RSVP Volunteers as open-minded, non-judgmental individuals with a genuine concern for children. On the Station Supervisor survey, he rated the RSVP Volunteers favorably compared with other volunteers. He used these criteria: dependability, less need for supervision, and more willing to do the required tasks. He also said RSVP Volunteers are valuable because of their knowledge and skills and their life experiences.

At this site, those selected as Volunteers attend a training session that the Station Supervisor designed and conducts. The training includes teaching Volunteers ways to work successfully with elementary school age children. They also learn about the importance of confidentiality and the process of reporting alleged physical and sexual abuse cases.

Upon completing the training, the program assigns each Volunteer to an individual child. They base this matching of the Volunteer to the child primarily on their similar interests and their personality characteristics.

Volunteer Activities. At the time of the site visit, three mentors were working in the school that started with this activity. Each of the mentors works with specific children identified by their teachers as needing extra support and encouragement. The mentors meet with the children at least once a week. During their visits they tutor as well as just listen to the children talk about their problems.

The school designed the program to help the child deal with a variety of problems. As one of its intended side effects, several of the children have addressed alcohol and drug abuse with their mentors. Many professionals believe that the support provided through an activity like this is an important part of any drug and alcohol abuse prevention and education program for children. Specifically, it serves as a mechanism through which children can discuss these issues, one-on-one, with an understanding adult. The principal believes this activity is successful in helping the children through difficult times.

Other Activities. In addition to the SAY=YES program, the Bellingham RSVP Project also had volunteers in the DARE program, sponsored by the local police department. At the time of the site visit, an RSVP Volunteer was serving with this program providing support services such as sending out mailings and answering the phone. The officer in charge of the Bellingham DARE Program explained that they must follow the strict guidelines of the national DARE program. DARE prohibits the use of volunteers in presenting this program to the schools. DARE requires that police officers deliver the program. The police are the only individuals permitted into the schools because of restrictions from most school districts.

The Bellingham RSVP Project was also developing their own activity to target the misuse of prescription and over the counter drugs among the elderly. They have entitled it the Medical Awareness Program (MAP) and started it with seed money from the State's Department of Community Development. They had submitted an application for a grant offered by the state. They received funds for developing a video tape and written materials for presentation by RSVP Volunteer speakers at various locations throughout the area. An RSVP Volunteer, a retired pharmacist, was primarily responsible for starting the program.

Bucks County, Pennsylvania

History. In 1988, the Bucks County Alcohol and Drug Commission began a program to address problems of medication misuse among the elderly. The Station Supervisor at this agency thought that older people could best relate to their peers when addressing this issue. She encouraged formation of a partnership between the Bucks County RSVP and their sponsoring agency, the Bucks County Area Agency on Aging, and the Alcohol and Drug Commission. Project MEDS (Medication Education Designed for Seniors) emerged from the partnership. In this activity, RSVP Volunteers speak at meetings to educate seniors about the potential misuse of medications, alcohol and other drugs.

The RSVP office reports 34 people received training to be speakers for presentations. The RSVP Volunteers have made 75 presentations. The RSVP office estimates that over 7000 Bucks County senior citizens have heard these presentations.

Volunteer Recruitment and Training. The RSVP Volunteer Coordinator is responsible for recruiting Volunteers while the Station Supervisor is in charge of the training. Recruitment strategies include use of the media, word of mouth, and visits to area senior centers and other places where prospective Volunteers gather. They report recruitment has been very successful. A total of 22 Volunteers participated in Project MEDS at the time of the site visit.

The training Volunteers receive involves a thorough presentation about alcohol and drug abuse, as well as teaching the Volunteers skills in making a presentation. The training consists of a four-day workshop that includes the effects of alcohol and drug abuse on the family. A local pharmacist provides information about common drugs and their interactions. A physician explains the need for patients' active involvement in their health care. The workshop also gives the new Volunteers an opportunity to hear presentations from trained RSVP Volunteers and to practice their own presentation in front of an audience.

The purpose of the presentations is to facilitate a 20-25 minute discussion of information on the potential misuse of prescription drugs and alcohol. It focuses on the importance for individuals to take charge of their health care by interacting with health care professionals. If members of the audience ask specific medical questions, the presenter refers them to their physician or pharmacist. Soon after the start, the Volunteers asked the Volunteer Coordinator and Station Supervisor to hold regular group meetings so Volunteers could stay in contact.

RSVP Volunteers exhibit several characteristics that help to make this activity successful. They are willing to make presentations in front of an audience. They want to learn about the issues. Their schedules are flexible.

Volunteer Activities. As described above, RSVP Volunteers receive instruction in making these presentations at local functions. They are seeking to educate senior citizens about the risks of misusing prescription drugs, in addition to providing information about alcoholism and possible referral sources. The Station Supervisor reported in her survey responses that RSVP Volunteers provide several direct services. They are conducting a public information campaign for persons at risk. They do peer resistance skills training. They help identify and refer alcohol and drug abusers to treatment. They train others to provide alcohol and drug abuse activities. She also stated that she believes Volunteers find serving in Project MEDS personally fulfilling because they are developing new skills and gaining information.

The first set of recruited Volunteers included some who later decided they did not like giving presentations. These individuals have remained in the group as administrators. One of these coordinates speaking engagements. Another serves as secretary and records the minutes of each meeting. Others go to speaking engagements and help by handing out forms or providing other support.

Elkhart, Indiana

History. In Elkhart, volunteers have been for several years a part of the probation activities of the Division of Court Services. The RSVP Project Director in Elkhart discovered that this program used volunteers and she approached the agency about using RSVP Volunteers. Before sending Volunteers to the Station, she participated as a volunteer herself. This gave her a first-hand knowledge of the task requirements and kinds of skills needed. The Project Director then identified Volunteers for both direct and indirect service activities and asked these individuals to participate. Following the Station-provided training, Volunteers have taken positions as court monitors, probation counselors, and clerical staff. At the time of the Station Supervisor survey, 14 RSVP Volunteers were active participants in this activity.

Volunteer Recruitment and Training. As shown above, the RSVP Project Director was responsible for recruiting Volunteers into this program. She found it difficult to get Volunteers involved in alcohol and drug abuse activities, so she began her recruitment strategy with a lunch for the Volunteers. She then found it easier to get them involved. She also contacted retirees in the community that she thought might want to volunteer in this area.

The Project Director felt it was particularly important to screen Volunteers for service in the area of alcohol and drug abuse. Volunteers in these areas need to have the qualities of understanding and empathy for others. She also reported that she looked for certain qualities when recruiting Stations. These include a positive management style, which has such elements as believing that Volunteers can add a lot to their organization, and that they deserve respect. Setting up procedures to include Volunteers in staff meetings or encourage Volunteers to have their own monthly meetings at the Station are also important.

Another system she uses in recruiting Volunteers is to keep an updated filing card system that includes each Volunteer's previous work and activities they enjoy. She uses these file cards to bring specific people to mind when she needs someone to fill a particular position.

The Station Supervisor is primarily responsible for Volunteer training. He has developed a very comprehensive training package that provides an overview of the agency's activities and defines court and legal terms. Additionally, the Station Supervisor makes a conscious effort to introduce RSVP Volunteers around the office. He also takes court monitors to see a court hearing. He then turns the Volunteer over to a person with whom they will be working . For example, if they are to be a receptionist, he has the secretary train them on using the phone. For court monitors, he may actually sit in on a trial with them to show them how to do it. The Station Supervisor has found that staff involvement in the training process allows them to get to know the Volunteers. This encourages a good working relationship.

Volunteer Activities. Court Services provides probation supervision to adult and juvenile offenders. It produces evaluation reports for the Courts to use in sentencing. It also offers help to offenders in achieving personal stability through referral to community resources. Volunteers in this division can provide direct services by acting as a probation officer or court monitor. Court monitors attend hearings and take notes on the proceedings. For example, they keep track of the sentences given to DWI offenders. They then report the information to the Station Supervisor to keep him informed about sentencing issues.

Volunteers also provide support services by acting as receptionists for the office, particularly in the evenings, or by helping with other administrative responsibilities. If the Volunteers act as probation officers, they are responsible for providing case supervision of the offenders' probation. They discuss the offenders' problems with them and refer them to appropriate community resources as needed. At the time of the site visit, this Station had RSVP Volunteers serving as adult probation officers, juvenile probation officers, court monitors, and receptionists.

A large part of their activities concerns alcohol and drug abuse. About 62 percent of the offenders they serve have alcohol related charges, and 5 percent committed drug-related offenses. RSVP Volunteers work with nonviolent cases and the agency provides a security guard after hours to provide Volunteer safety. The Volunteers we talked with said safety was a concern and appreciated that the Station had taken this extra precaution. In addition to these duties, the Station Supervisor reported on his survey response that RSVP Volunteers provide several other, valuable services. These include public information campaigns, affective education, peer resistance skill training, alternatives, information programs for persons at-risk, and identification and referral of alcohol and drug abusers.

The Court, RSVP Project, and Volunteers were enthusiastic about the activities the Volunteers do. Both the Project Director and Station Supervisor expressed their appreciation for the Volunteers. RSVP Volunteers help clients feel more at ease, get along well with staff, and are empathic with their clients. Both the Station Supervisor and the Project Director reported high regard for their RSVP Volunteers.

IMPLICATIONS FOR RSVP ALCOHOL AND DRUG ABUSE ACTIVITIES

This section presents a synthesis of the data resulting from the site visit process. Based on our analysis, we have found themes common to all the sites. We present the material, in the following section, from a time-based perspective. Specifically, we first provide themes from the model sites applicable to the initial development of placements in alcohol and drug abuse prevention and education. These apply, for example, to Station development and Volunteer recruitment. We then describe ways the selected sites promote the continuation of RSVP's involvement in these activities.

Recruitment

Recruitment has several parts, including: getting an activity started, recruiting Volunteer Stations, and recruiting Volunteers.

Getting an Activity Started. Before recruiting Stations or Volunteers, the sites invested time in designing careful plans and strategies for developing their activity. This planning often included three steps before recruitment began: (1) community assessment, (2) networking, and (3) getting support from key individuals.

The sites attribute part of their success in developing activities to their initial assessment of what types of programs are already available. This community assessment, in effect, served as a mechanism for identifying the community services that were already available. It also found ways in which the communities could benefit from additional services. Bellingham provides an example of this. In developing their activity on the misuse of prescription drugs among the elderly, the Bellingham Project Director and an RSVP Volunteer first determined what services were already available.

Although this process takes time, knowing what is available in the community can help target new services to areas of need. It also can help prevent resistance from agencies. As a counter example, one Project did not assess community needs before beginning a similar program. It ran into resistance from area agencies because of possible service duplication.

Project Directors and others reported that networking among area agencies and professionals promoted success.

The Project Directors also suggested these individuals helped the activities become part of the communities and become popular among RSVP Volunteers. For example, in Bucks County, the Alcohol and Drug Commission (the RSVP Station) cooperated fully with the sponsoring agency of RSVP (the Area Agency on Aging). This led to increased acceptance among both older citizens in the community and agencies requesting their services.

Through networking, the Project Directors also can inform others of services that will soon be available. Marketing directed at both prospective RSVP Volunteers and program clients helps to increase the visibility of RSVP in the community and should improve recruitment efforts.

In the process of networking, the Project Director needs to get support from key institutions which could directly influence the success or acceptance of the activity. In starting activities on the misuse of prescription drugs, Bellingham and Bucks County discussed the importance of getting approval from area pharmaceutical and medical associations. Their endorsement enhanced the activity's reputation and also provided additional resources. Physicians and pharmacists were willing to take part in the planning or training of Volunteers for these activities.

Respondents report support from key individuals is particularly important to RSVP involvement in school-based alcohol and drug abuse programs. In Bellingham, the Project Director put extensive effort into getting the support of both the school board and area school superintendents before beginning her activity at the schools. Although this process took valuable time, she thought it helped the process of successfully placing Volunteers in schools.

Recruiting Volunteer Stations. In general, Project Directors commented that recruiting Stations in the area of alcohol and drug abuse is more difficult if Volunteers want to provide direct services. Problems arise when Volunteers want to do mentoring, counseling, or facilitating group discussions. The Project Directors report that often Stations are not aware of RSVP Volunteers' capabilities. Often Stations have underutilized some Volunteers' skills and potential by placing them only in support positions such as answering the phone, filing papers, and distributing mail.

Our results suggest three key ingredients are necessary to the successful beginning of a new Volunteer Station in the area of alcohol and drug abuse programming.

- commitment to identification of innovative roles.
- acceptance by other Station staff of the RSVP Volunteers.
- good communication between the Project Director and Station Supervisor.

Commitment by both the RSVP Project Director and the Station Supervisor to identifying and providing a variety of Volunteer activities is important to success. This is particularly true in innovative areas like alcohol and drug abuse activities. Also, Project Directors reported that recruiting Stations in these areas is more difficult for direct service positions such as mentoring, counseling, or facilitating group discussion.

One Project Director said that it is difficult getting Volunteer Stations started in the area of alcohol and drug abuse. She believed these organizations typically only think of tasks that Volunteers have traditionally performed (such as administrative duties) and want them for those tasks. These Stations do not fully appreciate the range of activities RSVP Volunteers can do. She suggests it is the Project Director's responsibility to educate prospective Station Supervisors about the Volunteers' capabilities and ways the organization can use them.

The RSVP Project needs to promote acceptance among other staff at the Station. Our site visits also suggested that other Station staff need training in the innovative roles that Volunteers can fill. This helps reduce staff resistance to working with Volunteers and helps clarify the Volunteers' roles in the organization. In the probation activity, for instance, program staff participated directly in training the Volunteers. Program staff who had worked with the Volunteers in training were more accepting of them in the agency.

The issue of staff acceptance is particularly important with school-based activities. In the Bellingham school site, the Project Director reported the importance of talking with the teachers about Volunteers. It was critical to their success that they comprehensively discussed tasks Volunteers can perform and their usefulness. In Bellingham, they asked teachers to meet with the Volunteers before they began their service. This worked to ease teacher concerns.

The sites we visited also reported that all individuals involved need to communicate and to understand thoroughly what the program requires of them. Communication between the RSVP office and the Station is particularly important for defining the Volunteers' activities. In Bucks County, RSVP has already set up a procedure where the Station provides a description of the Volunteer's responsibilities at an agency. The RSVP Volunteers can then read this to determine whether this is an activity they think would be enjoyable. There is no formal process, however, for informing the Station Supervisor about the RSVP Volunteer. Two Station Supervisors suggested more background information on the Volunteers would help them to better match their placements with the Volunteers' interests.

Recruitment of Volunteers. There are two requirements for successfully recruiting Volunteers. First, the RSVP recruiter needs to know the Volunteers well enough to assess whether the position is one they are likely to enjoy. Second, the recruiter must understand the importance of the activity well enough to market participation effectively to the Volunteers.

Sites reported that the RSVP representative needs to know the Volunteers well enough to determine that a particular activity is one that they would enjoy. They commented that this is particularly important if a Volunteer is to provide direct services in alcohol and drug abuse. Project Directors reported they hand pick people they knew well because they want to be sure of the person's appropriateness for the position.

When the Project Directors hand pick people to serve as Volunteers it ensures the selection of people who have the necessary empathy and who are nonjudgemental. A personal selection for the sensitive kinds of activities that Volunteers do in alcohol and drug abuse services is an important safeguard that ensures the best people are matched up with positions. One approach is for Project Directors to seek those RSVP Volunteers with some personal experiences with the alcohol or drug abuse problems. In the focus groups we conducted at the sites with RSVP Volunteers, we encountered some cases of personal involvement in alcohol or drug abuse problems, either through a family member or a friend. Many others, however, were inovlved simply because they cared for others. One of the focus group participants related how grateful she was that her grandchildren had avoided involvement with drugs. Out of gratitude, she was trying to help other people do the same thing.

In general, the focus group participants did not become involved because they saw bad things happening to those close to them. Rather, the RSVP Volunteers were motivated by a desire to help people in need. They were very warm and caring people with a lot to give and wanted to help their peers or the younger generation avoid problems.

All the sites agreed that one key to successful Volunteer recruitment is to market the activity. There are several successful marketing strategies that an RSVP Project can apply. They can use publicity in local media such as newspapers and cable television. They might try asking for Volunteers at local meetings or senior centers, or hand selecting people they know for the activity. Even with these strategies, however, sites reported that Volunteers were more difficult to recruit for alcohol and drug abuse activities. An exception to this were activities targeting the misuse of prescription drugs among the elderly. This exception occurs because this problem area is more familiar to the RSVP Volunteers.

Strategic marketing was particularly important for attracting Volunteers to work with children. Many of the RSVP representatives interviewed in the site visits say that most older volunteers are resistant to working with youth, making recruitment particularly difficult. Therefore, marketing to attract Volunteers required innovative techniques.

Training

The RSVP Volunteers at each of these sites had participated in extensive training programs. Major parts of this training that reportedly helped the Volunteers feel successful in their role include:

- general training on alcohol and drug abuse.
- the Station Supervisor serving as a major facilitator of the training.
- in-service training.

General Training on Alcohol and Drug Abuse. The sites emphasized the importance of Volunteers receiving training about alcohol and drug abuse. Project Directors said that many Volunteers do not understand alcohol and drug abuse and need instruction on the issues involved.

The sites suggest that Stations must train the Volunteers on specific skills and limitations they have in their activities. With the Bellingham school-based site, for instance, they taught some Volunteers ways to communicate effectively with children. They trained Volunteers to elicit the children's interest and involvement. Station staff believed this training would help the Volunteers perform better and also feel more confident.

For Project MEDS, the training included educating the Volunteers on their limits as a speaker. Since they are not representing the health care profession when they make presentations, they learn not to answer specific medical questions.

Station Supervisor Involvement. The sites also agreed that the Station Supervisor's active involvement in designing and presenting the training sessions was important to success. Since the Station Supervisors have expertise in their field, they are the most appropriate individuals to provide this training. Their involvement allows them to define what is important for the Volunteers to learn to perform their tasks successfully. It also provides opportunities for the Volunteers to have further interaction with the Station Supervisor.

Interaction between the Station Supervisor and Volunteer may be the key to the RSVP Volunteers' continued involvement. It becomes the basis for defining the critically important expectations of the Volunteer. When the Station Supervisor was not active, Volunteers reported feeling frustrated with the lack of leadership and often thought about quitting the activity for this reason.

In-Service Training. Several of the activities were new and had not had time to incorporate in-service training. RSVP Volunteers reported how they would appreciate receiving additional training beyond what RSVP provides during initiation into the program. They suggested several reasons why this training would be helpful. First, it would provide the Volunteers with a way to address issues that arise as they are serving at the Station. Second, it would provide them with support for the tasks they are doing and encourage them in continuing their participation. Finally, it would give them a way to meet with other Volunteers in the same roles so they can share ideas and receive support for their efforts. Most Volunteers interviewed mentioned this final point of providing a way for Volunteers to meet with each other. This helped explain Bucks County and Elkhart's success in maintaining their trained Volunteers.

Management Practices

We believe the strong partnership between the RSVP Project Director (or Volunteer Coordinator), the Station supervisor, and the RSVP Volunteers is largely responsible for their success. The mutual support created a confident relationship between the RSVP Project and the Volunteer Station. A sense of shared dedication to the success of the activity served to maintain and strengthen these partnerships.

In large part, good management practices built and maintained the partnership. In the following section, we describe examples of these management practices through the three relationships making up the partnership:

- the RSVP Project Director or Volunteer Coordinator and the Station Supervisor.
- the RSVP Project Director or Volunteer Coordinator and the RSVP Volunteer.
- the Station Supervisor and the RSVP Volunteer.

The RSVP Project Director and Station Supervisor. In each of the sites visited, an RSVP Project Director or Volunteer Coordinator and the Station Supervisor sustained their relationship through regular communication. This process helps to keep both informed about the Volunteers, thus promoting understanding.

To help ease this communication, the RSVP Volunteer Coordinator in Bucks County attended monthly meetings in which the RSVP Volunteers discussed their activities. In Elkhart, the Station Supervisor reported he often talked by telephone with the Project Director. Both he and the Project Director reported that the relationship between them helped to solidify their mutual trust. Each of the RSVP Projects thought they received adequate information about the Volunteers' activities. When problems arose, the relationship was in place to resolve them.

The relationship between the Project Director and the Station Supervisor also provided a mechanism for learning about the Station's needs for additional Volunteers. The Project Director's knowledge of the Station's activities helped her to recruit Volunteers whose skills and interests matched the Station's specific needs.

The Station Supervisor and the RSVP Volunteer. Our data suggest the communication between the Station Supervisor and the RSVP Volunteer is an important part of a successful alcohol and drug abuse activity using RSVP Volunteers. Although the actual communication mechanisms differed across the sites, one common thread was the regularity of the communication.

In Bucks County and in Elkhart, regular meetings occurred, (attended by the Volunteers and the Station Supervisor), to discuss activities. In Elkhart, these meetings included all Station staff, not just the RSVP Volunteers.

In Bellingham, a regular meeting surfaced the recommendation that the supervising teacher meet with the Volunteer before and after the Volunteer's tutoring session. In each case, Volunteers requested regularly scheduled times to discuss issues and concerns related to their activities. In addition to these regularly scheduled meetings, the Volunteers we interviewed reported they have ready access to the Station Supervisors. For instance, several of the Volunteers said that when problems or questions arose, they would simply call the Station Supervisor to ask for advice.

Another important element in the management relationship between the Station Supervisor and the Volunteers was the Supervisor's confidence in the RSVP Volunteers' capabilities for doing the assignment. According to our data, the Volunteers felt this trust as did other agency staff, thereby laying the base for a productive working environment. The Volunteers felt they were an essential part of the Station's organization. Additionally, this regular contact with the Volunteers kept the Station Supervisors informed of the Volunteers' activities. This helped assure them that the Volunteers were adhering to organizational policies and procedures. The Station Supervisors also capitalized on their contacts with the Volunteers to express regularly appreciation for the Volunteer's contribution to the Station. Volunteers in each site reported their supervisors let them know they were doing well and that supervisors valued their contributions.

The RSVP Project Director and the RSVP Volunteer. A good relationship between the RSVP Project Director or Volunteer Coordinator and Volunteers existed in each of the sites visited. Communication between the RSVP Project and the Volunteer was less frequent and its importance less obvious than with the Station Supervisors. It is, however, an important part of maintaining RSVP placements in alcohol and drug abuse prevention or education activities. For example, Volunteers reported expressions of appreciation by the Project Director or Volunteer Coordinator were important for them.

The Volunteers reported that the Project Director also checked in with them periodically to assess how their placements were going. Through these personal contacts, the Project Director can keep apprised of both the Volunteers' and the Station's activities.

Retention

Retention means keeping the Volunteers involved in the alcohol and drug abuse prevention and education activities. It also involves maintaining Station interest and keeping the Project Director motivated to work with placements in these kinds of services.

Our results suggest that good management supports retention. For example, a satisfactory working relationship is necessary to keep the Volunteers in these alcohol and drug abuse prevention and education activities. The support provided to the Volunteers coupled with the opportunity to discuss problems as they occur is important for serving in these potentially stressful areas. Additionally, the Station Supervisor must be comfortable with the Volunteers' performance for them to want to continue the placement. Moreover, we believe the Project Director's interest increases by knowing what is going on for Volunteers in the Stations.

Each of the sites visited also showed the importance of providing recognition for the Volunteers. Often, the recognition came through informal means. In Bucks County, the Volunteers felt good when someone from the community recognized them as a result of their participation in the Project MEDS presentations. We also found examples of more formal recognition. In Elkhart, for example, the Station hosts an annual party for the Volunteers. The local judges attend this party, which enhances the prestige of the event for the Volunteers. The Volunteers believe that the judges must consider the Volunteer's service important if they are willing to take time from their busy schedules to attend the party. The Station Supervisor also sends each Volunteer a Christmas card, signed by all the staff from the Department of Probation.

The Stations also need to see that the Volunteers influence the success of activities. This will encourage their continued use of Volunteers. When asked if Volunteers had an effect on the Stations, all the responses were affirming. This showed that they had a good influence upon the agency.

In Elkhart, the Station Supervisor thought it took more time to supervise the Volunteers. He also believed they improved community awareness of the probation program activities. The benefits of this improved awareness exceeded any additional management costs.

SUMMARY AND CONCLUSIONS

Recruiting Stations

- Before recruiting Stations or Volunteers, our model sites invested time in designing careful plans and strategies for development. This planning often included three steps before recruitment began: (1) community assessment, (2) networking, and (3) getting support from key individuals.

- Recruiting Stations in the area of alcohol and drug abuse is more difficult if Volunteers want to provide direct services. Problems arise when Volunteers want to do mentoring, counseling, or facilitating group discussions. The Project Directors report that often Stations are not aware of RSVP Volunteers' capabilities in these areas.

- Three key ingredients are necessary to the successful beginning of a new Volunteer Station in the area of alcohol and drug abuse programming. First, there must be a commitment to the identification of innovative roles. Second, Station staff not directly involved with the RSVP placements must be helped to accept the presence of the RSVP Volunteers. Third, Project Directors and Station Supervisors must maintain frequent and open communication.

Recruiting Volunteers

- The RSVP recruiter needs to know the Volunteers well enough to assess whether the position is one they are suitable for and likely to enjoy. Our model Project Directors hand pick people they know well enough because they want to be sure the position is appropriate.

- The recruiter must understand the importance of the activity well enough to market participation effectively to the Volunteers. One successful approach involved framing the volunteer assignment to focus on the positive aspects, e.g., helping a child.

- The model sites report that RSVP Volunteers are more difficult to recruit for alcohol and drug abuse activities. An exception to this were activities targeting the misuse of prescription drugs among the elderly. This exception occurs because this problem area is more familiar to the RSVP Volunteers.

Training Volunteers

- Project Directors said that many Volunteers do not understand alcohol and drug abuse and need instruction on the issues involved. To correct this, Stations must train the Volunteers on both their specific skills and the limitations to their activities.

- The Station Supervisor's active involvement in designing and presenting the training sessions is important to success. Since the Station Supervisors have expertise in their field, they are the most appropriate individuals to provide this training. Their involvement allows them to define what is important for the Volunteers to learn to perform their tasks successfully. It also provides opportunities for the Volunteers to have further interaction with the Station Supervisor.

Management Practices

- In each of the model sites, an RSVP Project Director or Volunteer Coordinator and the Station Supervisor sustain their relationship through regular communication.

- Communication between the Station Supervisor and the RSVP Volunteer is an important part of a successful alcohol and drug abuse activity using RSVP Volunteers. Although the communication mechanisms differ across the model sites, one common thread is the regularity of the communication.

- A good relationship between the RSVP Project staff and Volunteers exists in each of the model sites. Communication between the RSVP Project and the Volunteer is less frequent and its importance less obvious. It is, however, an important part of maintaining RSVP placements in alcohol and drug abuse prevention or education activities.

Retention

- Good management supports retention. The support provided to the Volunteers coupled with the opportunity to discuss problems as they occur is important for serving in these potentially stressful areas.

- Volunteer recognition, always critical in an RSVP Project, is even more important in alcohol and drug abuse activities.

CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

This report has described the important contribution that RSVP Volunteers are making to help reduce and prevent alcohol and drug abuse. We have shown that a small number of Volunteers is serving in a rich variety of settings, providing a wide range of services. In doing so, they win high praise from their Station Supervisors. We have documented that the steps for starting up and managing a successful alcohol or drug abuse activity for RSVP Volunteers are primarily the same as other RSVP activities. We conclude that RSVP Project Directors who are successful in other areas of programming already possess the tools for success in alcohol and drug abuse programming.

In the summary that follows, we support this conclusion through an overview of the findings from the surveys and the site visits. We end the report with a few basic recommendations to ACTION that we believe are within their existing resources to implement.

SUMMARY OF EVALUATION FINDINGS

RSVP Volunteer Activities in Alcohol and Drug Abuse Prevention and Education

In this section we describe what RSVP Projects and Volunteers are doing to help in the fight against alcohol and drug abuse. We have organized our findings into four sections. First, we describe the numbers of Projects, Volunteer Stations and Volunteers. Second, we characterize the types of organizations in which RSVP Volunteers serve. Third, we cover the areas of service and populations served. Fourth, we summarize the impact of RSVP Volunteer activities,

Numbers of Projects, Volunteer Stations and Volunteers in Alcohol and Drug Abuse Prevention and Education

- Sixty-five percent of RSVP Project Directors report experience with RSVP Volunteers serving in the alcohol and drug abuse area. This includes Project Directors who report having Volunteer Station(s) with one or more RSVP Volunteers in these activities now or in the past.

- Project Directors reported a total of 865 Volunteer Stations having activities in alcohol or drug abuse services and to have one or more RSVP Volunteers now active in this area. A sample of 387 Stations was drawn for further study.

- Forty-six percent of the surveyed Volunteer Station Supervisors reported having RSVP Volunteers now serving in the alcohol and drug abuse area.

- Many of the Volunteer Stations have only a few RSVP Volunteers serving in the alcohol and drug abuse area. Twenty-nine percent report having only one or two volunteers in this area, and 58 percent have nine or fewer. The average number is 9.1.

The Types of Organizations in Which RSVP Volunteers Serve

- RSVP Volunteers serve in many settings, including schools, police departments, social or family service agencies, medical settings, specialized alcohol and drug abuse organizations, and senior centers. The organizations, and their RSVP Volunteers, serve in Stations for young people and adults. These provide both direct and indirect support services.

- RSVP Volunteers are involved in alcohol or drug abuse prevention and education for young people and adults. Volunteers are active in adult education seeking to prevent the misuse of prescription and over-the-counter drugs. RSVP Volunteers in several Stations are involved in alcohol or drug abuse treatment with adults. Use of RSVP Volunteers in treatment for children/youth is less common.

Areas of Service and Populations Served

- RSVP Volunteers provide a wide range of services. These include informational activities, and counseling and related activities (for example, hotline, referrals). They are active in youth programs, including affective education, peer resistance training, alternative activities, and one-on-one interpersonal activities (for example, tutoring, mentoring). The activities of RSVP Volunteers include a number that are characteristic of particularly promising endeavors aimed at the prevention of drug abuse by young adolescents.

The Impact of RSVP Volunteer Activities

- The in-depth questioning of Station Supervisors emphasizes the contributions RSVP Volunteers make to the Volunteer Stations and to the clients they serve. In turn, participation in these activities adds to the volunteers' own sense of self worth. Volunteer service gives opportunities to work with clients, to make a difference and to help others.

Managing RSVP Volunteers in Alcohol and Drug Abuse Activities

The management of RSVP Volunteers is treated in five sections: recruitment, training, supervision and management, volunteer retention, and potential for expansion.

Recruitment

- Project Directors see recruitment of RSVP Volunteers for the alcohol and drug abuse area as more demanding than recruitment for other service areas. Most maintain that older volunteers prefer to serve in other program areas. Many assert that the Volunteers are not comfortable working with alcohol or drug abuse activities--either with young people or adults. Many Project Directors also believe Volunteers are afraid this activity would take them to dangerous areas.

- Project Directors with experience using RSVP Volunteers in alcohol and drug abuse activities were compared to those with no experience in this area of activity. The experienced Project

Directors are more likely to believe older Americans are comfortable working with young people. This suggests that experience leads to a change in attitude toward older volunteers' ability to work in this area.

- Even among experienced Project Directors, the majority (58 percent) do not believe older volunteers are comfortable working with children and youth in alcohol and drug abuse activities.

Training

- Only 25 percent of Project Directors agreed with the statement that most older Americans have the skills needed to help in alcohol or drug abuse activities.

- Data from Project Directors and Station Supervisors suggest that training RSVP Volunteers for the alcohol and drug abuse area demands more than for other RSVP program areas. Again, the experienced Project Directors are more likely to minimize this problem.

- Most Supervisors say RSVP Volunteers do not have more trouble learning the assignment than do their other volunteers. Areas where training for RSVP Volunteers appears especially important include knowledge of alcohol and drug abuse problems, and communication skills. This is especially true for Stations working with young people.

Supervision and Management

- Project Directors say Volunteer management is about the same for the alcohol and drug abuse area as for other RSVP program areas. For instance, 82 percent say Volunteer transportation problems are about the same. Seventy-one percent believe supervising Volunteers is about the same.

- The viewpoint of Project Directors inexperienced with RSVP Volunteers assigned to alcohol and drug abuse activities is distinct. They are more likely than others to believe Volunteer management is more difficult in the alcohol and drug abuse area than in other RSVP program areas.

- Volunteer Station Supervisors report that RSVP Volunteers are dependable and willing to do the assignments. Volunteers relate well with staff and clients. RSVP Volunteers are available to work on schedule as needed. They need the same or less supervision than other volunteers.

Station Supervisors' Perspectives

- Volunteer Station Supervisors say they could use additional help in Volunteer recruitment. They would like the Projects to be able to provide Volunteers when needed. Projects should work with Volunteers and Stations to develop a good understanding and match between the Volunteer and the assignment. In addition, several commented on the value of communication between the Project and Volunteer or agency to help deal with problems as they arise.

- The needs for additional Project support are somewhat greater for serving young people. One possible reason is the greater demands these programs can place on Volunteers. Stations need help to develop opportunities that are appropriate for RSVP Volunteers.

Volunteer Retention

- Once RSVP Volunteers become involved in an alcohol or drug abuse service, retaining them is about the same or easier than for other volunteers serving in the same Station. This, together with their dependability, are important contributions of RSVP Volunteers to alcohol and drug abuse services.

- RSVP Volunteer retention appears relatively more difficult in activities serving only young people.

Potential for Expansion

- Most Project Directors express interest in beginning or expanding RSVP activities in the area of alcohol and drug abuse. The area most frequently mentioned for expansion is the prevention of misuse of prescription or over-the counter drugs. Other areas mentioned included alcohol or drug abuse prevention or education. Relatively few plan to expand activities in alcohol or drug abuse treatment.

- Project Directors say it would be helpful to have information on alcohol or drug abuse related activities involving older volunteers. They also need information on how to recruit, select and train older volunteers for service in this area.

- Most Volunteer Station Supervisors say RSVP Volunteers are very important to their organizations' success. More than half have unfilled alcohol or drug abuse volunteer positions for which they could use additional RSVP Volunteers. Similarly, several RSVP Project Directors report they have positions they could fill if they had more Volunteers. From both perspectives, opportunities for RSVP Volunteers' increased participation in alcohol and drug abuse activities are available, if Projects can recruit and train Volunteers. By communicating and working closely together, Projects and Volunteer Stations may be able to increase RSVP Volunteers' participation in this area.

Three Model Sites

We conducted site visits with three RSVP Volunteer Stations to collect in-depth information about RSVP activities in the alcohol and drug abuse area. We selected the Stations to visit using information from three sources: the Project Director Survey, the Volunteer Station Supervisor Survey, and ACTION staff. Based on these, we selected three sites, each with five or more RSVP Volunteers involved in direct services (rather than simply support services). These were:

- Bellingham, Washington - school-based Station targeted on at-risk youth.

- Bucks County, Pennsylvania - prevention of prescription drug misuse by older adults.
- Elkhart, Indiana - use of Volunteers in probation services.

The information gained from the site visits has been organized into five sections: recruiting stations, recruiting volunteers, training volunteers, management practices, and volunteer retention.

Recruiting Stations

- Before recruiting Stations or Volunteers, our model sites invested time in designing careful plans and strategies for developing the Volunteer assignments. This planning often included three steps before recruitment began: (1) community assessment, (2) networking, and (3) getting support from key individuals.
- Recruiting Stations in the area of alcohol and drug abuse is more difficult if Volunteers want to provide direct services. Problems arise when Volunteers want to do mentoring, counseling, or facilitating group discussions. The Project Directors report that often Stations are not aware of RSVP Volunteers' capabilities in these areas.
- Three key ingredients are necessary to the successful beginning of a new Volunteer Station in the area of alcohol and drug abuse programming. First, there must be a commitment to the identification of innovative roles. Second, Station staff not directly involved with the RSVP placements must be helped to accept the presence of the RSVP Volunteers. Three, Project Directors and Station Supervisors must maintain frequent and open communication.

Recruiting Volunteers

- The RSVP recruiter needs to know the Volunteers well enough to assess whether the position is one they are suitable for and likely to enjoy. Our model Project Directors hand pick people they know well enough because they want to be sure the position is appropriate.
- The recruiter must understand the importance of the activity well enough to market participation effectively to the Volunteers. One successful approach involved reframing the volunteer assignment to focus on the positive aspects, e.g., helping a child.
- The model sites report that RSVP Volunteers are more difficult to recruit for alcohol and drug abuse activities. An exception to this were Stations targeting the misuse of prescription drugs among the elderly. This exception occurs because this problem area is more familiar to the RSVP Volunteers.

Training Volunteers

- Project Directors said that many Volunteers do not understand alcohol and drug abuse and need instruction on the issues involved. To correct this, Stations must train the Volunteers on both their specific skills and the limitations to their activities.

- The Station Supervisor's active involvement in designing and presenting the training sessions is important to success. Since the Station Supervisors have expertise in their field, they are the most appropriate individuals to provide this training. Their involvement allows them to define what is important for the Volunteers to learn to perform their tasks successfully. It also provides opportunities for the Volunteers to have further interaction with the Station Supervisor.

Management Practices

- In each of the model activities, an RSVP Project Director or Volunteer Coordinator and the Station Supervisor sustain their relationship through regular communication.

- Communication between the Station Supervisor and the RSVP Volunteer is an important part of a successful alcohol and drug abuse activity using RSVP Volunteers. Although the communication mechanisms differ across the model activities, one common thread is the regularity of the communication.

- A good relationship between the RSVP Project staff and Volunteers exists in each of the model activities. Communication between the RSVP Project and the Volunteer is less frequent and its importance less obvious. It is, however, an important part of maintaining RSVP placements in alcohol and drug abuse prevention or education activities.

Volunteer Retention

- Good management supports retention. The support provided to the Volunteers coupled with the opportunity to discuss problems as they occur is important for serving in these potentially stressful areas.

- Volunteer recognition, always critical in an RSVP Project, is even more important in alcohol and drug abuse activities.

CONCLUSIONS

We present the following conclusions from our evaluation of the Retired Senior Volunteer Program's involvement in alcohol and drug abuse prevention and education activities. We have organized our conclusions under two headings: conclusions from the survey research and what the model activities have to teach us.

The Survey Results

- Level of Activity. Sixty-five percent of RSVP Project Directors report experience with RSVP Volunteers serving in the alcohol and drug abuse area. These Project Directors reported 865 Volunteer Stations having activities in the area with one or more, active RSVP Volunteers. The average (mean) number of RSVP Volunteers in a Station with alcohol and drug abuse services is 9.1.

- Types of Services. The RSVP Volunteers in alcohol and drug abuse assignments serve in a rich variety of placements, ranging from hospitals to police departments. The services provided by the Volunteers cover the gamut of alcohol and drug abuse services. They include direct and indirect services, prevention, education, and treatment.

- Recruitment. Recruitment to the alcohol and drug abuse areas is more demanding than other RSVP activity areas. The Project Directors with experience using Volunteers in alcohol and drug abuse activities are more positive about the potentials for recruitment than those Directors who have not tried to expand into this area.

- Training. Training RSVP Volunteers in alcohol and drug abuse activities requires more care and attention than other areas of service. When given the opportunity to work in alcohol and drug abuse activities, however, the RSVP Volunteers have little difficulty learning their assignments.

- Management. Station Supervisors find RSVP Volunteers capable, dependable, and willing to serve. This positive opinion is counter to the tendency of Project Directors with no experience in alcohol and drug abuse services to believe that Volunteer management in this area is difficult.

- Volunteer Retention. Placements work well when the RSVP Project strives to establish regular and open communications with the Volunteer and the Station. A critical factor in success is developing assignments that are appropriate for RSVP Volunteers.

- Impact of Volunteer Services RSVP Volunteers make an important contribution to the Volunteer Stations and to the clients they serve. In turn, participation in these activities adds to the volunteers' own sense of self worth. Volunteer service gives opportunities to be with clients, to make a difference and to help others.

- Potential for Expansion Opportunities for RSVP Volunteers' increased participation in alcohol and drug abuse activities are available. There are two basic processes for Project Directors to follow if they want to increase RSVP participation in alcohol and drug abuse activities. First, Project Directors must seek Volunteers with an interest in alcohol and drug abuse services. This is best done through personal knowledge of the Volunteer. Another is to work closely with alcohol and drug abuse service organizations to develop personally fulfilling Volunteer opportunities, then to market these actively to RSVP Volunteers.

What the Model Sites Have to Teach Us

- Before recruiting Stations or Volunteers, invest time in designing careful plans and strategies. This planning should include three steps before recruitment begins: (1) community assessment, (2) networking, and (3) getting support from key individuals.

- Three key ingredients are necessary to the successful beginning of a new Volunteer Station: a commitment to identify innovative roles; involve Station staff not directly working with the RSVP placements; maintain frequent and open communication between Project and Station.

- Project Directors should consider recruiting Volunteers they know well to ensure a good fit to the assignment.

- Stations must train the Volunteers on both their specific skills and the limitations to their activities. The Station Supervisor's active involvement in designing and presenting the training sessions is important to success.

- Maintain regular, frequent communication between the Volunteer and the Station Supervisor.

PROGRAM RECOMMENDATIONS

1. ACTION should develop descriptions of model RSVP activities in alcohol and drug abuse. ACTION could base these models on the components for successful programs identified in the three site visits. This would include information on needs assessments, networking, marketing, identifying and working with new Stations, and assessment of individual Volunteers.

2. ACTION should provide technical assistance to RSVP Projects on how to identify and recruit new Stations. Part of this would show how new and existing Stations ways they can use RSVP Volunteers in their services.

3. ACTION should provide technical assistance to its RSVP Projects in training RSVP Volunteers. This must include knowledge of alcohol and drug abuse issues, and communication skills. This is especially true for those working with young people.

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RETIRED SENIOR VOLUNTEER PROGRAM
RSVP
A COMMUNITY OF TALENTS SERVING YOU

An Evaluation Report on the Retired Senior Volunteer Program: Activities in Alcohol and Drug Abuse Prevention and Education

June 1992

Appendices

ACTION

BEST COPY AVAILABLE

Retired Senior Volunteer Program Activities in Alcohol and Drug Abuse Prevention and Education

APPENDICES

June 1992

APPENDIX A

DATA COLLECTION INSTRUMENTS

RTI Project Number 4866-02

OMB #: 3001/0122
Expires: 8/91

EVALUATION OF RSVP ADAPE ACTIVITIES

Project Director Survey

ACTION
1100 VERMONT AVENUE, NW
WASHINGTON, DC 20525

March 18, 1991

ACTION, the parent organization to the Retired Senior Volunteer (RSVP) Program, is seeking information on RSVP activities that help decrease drug and alcohol abuse. Our agency is an active participant in the Federal war against drugs. Our goal is to make the most effective use of our volunteers in this very difficult struggle. The first step we can take is to learn more about what our volunteers are doing now and how well they are doing it. ACTION has hired the Research Triangle Institute (RTI) to help with this. To this end, RTI has developed the enclosed survey that asks you about your project's involvement in alcohol and drug abuse prevention and treatment activities.

We need your help. We want you to tell us what your organization is doing to involve RSVP volunteers in alcohol or drug abuse programs. We want to learn about your current work as well as experiences you have had in the past. We also want you to look to the future and identify your projected needs for the involvement of RSVP volunteers. The enclosed survey form asks you a series of questions on these topics. Based in part on your responses, RTI will select a national sample of volunteer stations for an additional interview.

While voluntary, your participation in this effort is very important. We estimate the questionnaire will take about 20 minutes to complete. You may complete the questionnaire in one of two ways, by mail or by telephone. You can fill it in yourself and return it in the enclosed postage paid envelope. If you would rather do it by phone, call RTI, toll free at 1-800-334-8571. Please ask for Chris Rogers in the Telephone Survey Unit at extension 6756. You may schedule an appointment or do the interview at that time. If RTI has not received your questionnaire by mail or completed it by telephone within the next two weeks, they will call you to complete the questionnaire.

I urge you to participate in this study by completing and returning the questionnaire or calling RTI for an appointment as soon as possible. Your participation is very important to the success of this important study. Thank you for your help. If you have any questions about the study, you may call Harvey Zelon (919) 541-5888 at the Research Triangle Institute. If you wish to talk with me concerning any aspect of this study, you may call me at (202) 634-9749.

Sincerely,

David B. Rymph

David B. Rymph, Ph.D.
Director, Program Analysis
and Evaluation Division

SCOPE OF THE STUDY

We are looking at the alcohol and drug abuse activities that RSVP volunteers do. You will need a clear understanding of what these activities are in order to answer the questionnaire and to identify stations which provide these services. Please read this page before you begin to answer the questions. Look at this page again if you need to when you are answering the questions.

We want to learn about RSVP activities, services and programs in alcohol and drug abuse prevention, education or treatment. Examples of drug and alcohol programs and activities in which we are interested include:

PREVENTION AND EDUCATION ACTIVITIES

- Educating young people about the consequences of alcohol or drug use
- Educating older Americans about the dangers of misuse of prescription and over-the-counter drugs
- Substance abuse hotlines
- Public information campaigns (puppet shows, meetings, posters, red ribbon campaign, etc.)
- Providing activities that are offered as alternatives to drug use (e.g., youth groups, community volunteer work)
- Teaching young people life skills or affective skills to prevent drug or alcohol use (e.g., self-esteem building, decision making)
- Teaching young people skills to resist peer pressure to use drugs or alcohol
- Assistance to MADD (Mothers Against Drunk Driving) or other community organizations involved in drug or alcohol prevention
- Training people to provide alcohol or drug abuse services

TREATMENT

- Identification and referral of youth alcohol and drug users
- Counseling or therapy for alcohol or drug users
- Training or rehabilitation programs for alcohol or drug users
- Leading groups that provide peer support or peer counseling
- Assisting drug or alcohol program clients in obtaining services in the community (e.g., childcare, social services, housing)

When asked to identify RSVP volunteer stations which provide alcohol and drug abuse prevention, education, or treatment activities, INCLUDE any of the following activities.

1. Programs that include alcohol or drug abuse prevention, education or treatment as stated program goals, even if they are not in the name of the program
2. Programs or services in which RSVP volunteers provide support or assistance as well as ones in which RSVP volunteers provide direct services. For example, INCLUDE programs where RSVP volunteers answer phones, serve as drivers, type, or stuff envelopes as long as they support a program which provides education, prevention, or treatment activities related to drug or alcohol abuse

Organizations or programs with wide-ranging activities IF they have specific activities in drug or alcohol prevention, education, or treatment AND have RSVP volunteers working in these activities or in support of the activities. For example, include the Red Cross, hospitals, or schools IF RSVP volunteers serve in programs or activities targeted on drug and alcohol abuse problems

DO NOT INCLUDE:
Programs or activities that DO NOT have any stated objective of preventing substance abuse. For example, do not include a hobby program for school children which does not include preventing substance abuse as a program objective.

PROJECT DIRECTOR SURVEY

1. We would like to begin by asking you to provide us with some general information about your RSVP project.

   a. What is the total number of volunteer stations that currently participate in your RSVP project?

   ☐☐ Stations

   b. How many active volunteers did your project have at the end of the last quarter?

   ☐☐☐ Active Volunteers

   c. What was last quarter's total number of volunteer service hours?

   ☐☐☐☐ Total number of Volunteer Hours

The rest of the questionnaire is concerned with activities, services, and programs in the areas of alcohol and drug abuse prevention, education, or treatment. These types of programs include stations where prevention, treatment, or education about alcohol or drug abuse is stated program objective. We are interested in learning about the use of RSVP volunteers in these programs, even if the volunteers only provide support services such as answering phones, driving, typing, etc.

2. How long have you been the project director for this RSVP project?

   ☐☐ Years If less than one year, check. ☐

3. The next set of questions ask about how you feel about about RSVP Volunteers and other older Americans working in the areas of alcohol and drug abuse. Please indicate if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statements. Please check one response code for each of the following statements.

   a. Most older Americans are comfortable working in alcohol and drug abuse activities with children and youth.

   ☐ 1= Strongly Agree
   ☐ 4= Disagree
   ☐ 2= Agree
   ☐ 5= Strongly Disagree
   ☐ 3= Neither Agree or Disagree

b. Most older Americans are comfortable working in alcohol and drug abuse activities with adults.

☐ 1= Strongly Agree
☐ 2= Agree
☐ 3= Neither Agree or Disagree
☐ 4= Disagree
☐ 5= Strongly Disagree

c. Most older Americans believe that volunteering to help with alcohol or drug abuse activities would require their going into dangerous places.

☐ 1= Strongly Agree
☐ 2= Agree
☐ 3= Neither Agree or Disagree
☐ 4= Disagree
☐ 5= Strongly Disagree

d. Most older Americans have the skills needed to help in alcohol or drug abuse activities.

☐ 1= Strongly Agree
☐ 2= Agree
☐ 3= Neither Agree or Disagree
☐ 4= Disagree
☐ 5= Strongly Disagree

e. Most older Americans prefer to work in program areas that are not involved in alcohol or drug abuse activities.

☐ 1= Strongly Agree
☐ 2= Agree
☐ 3= Neither Agree or Disagree
☐ 4= Disagree
☐ 5= Strongly Disagree

f. Do you think that the schedule requirements for RSVP volunteers (hours and length of assignments) in stations involved in alcohol or drug abuse activities would be more demanding, about the same, or less demanding than other program areas?

☐ 1= More Demanding
☐ 2= About the Same
☐ 3= Less Demanding

g. Do you think that RSVP volunteer transportation to alcohol or drug abuse activities would be more of a problem, about the same, or less of a problem than to other program areas?

☐ 1= More of a Problem
☐ 3= Less of a Problem
☐ 2= About the Same

h. Do you think that recruiting RSVP volunteers to work in alcohol or drug abuse activities would be more difficult, about the same, or less difficult than other program areas?

☐ 1= More of a Problem
☐ 3= Less of a Problem
☐ 2= About the Same

i. Do you think that training RSVP volunteers for alcohol or drug abuse activities would be more difficult, about the same, or less difficult than other program areas?

☐ 1= More Difficult
☐ 3= Less Difficult
☐ 2= About the Same

j. Do you think that supervising RSVP volunteers in alcohol or drug abuse activities would be more difficult, about the same, or less difficult than other program areas?

☐ 1= More Difficult
☐ 3= Less Difficult
☐ 2= About the Same

k. Do you think that coordination with stations involved in alcohol or drug abuse activities would be more difficult, about the same, or less difficult than stations with other program areas?

☐ 1= More Difficult
☐ 3= Less Difficult
☐ 2= About the Same

4. Are you interested in developing or expanding RSVP activities in the areas of alcohol and drug abuse?

☐ 1= Yes, Very Interested
☐ 3= No, **SKIP TO QUESTION 7**
☐ 2= Yes, Somewhat Interested

5. Which of the following would be most helpful to you in trying to develop or expand alcohol and drug abuse activities?

☐ 1= Information on drug/alcohol related activities that are being done by older Americans.

☐ 2= Information on how to recruit, select, or train older volunteers for drug/alcohol activities.

☐ 3= Information on how to work with local organizations doing drug/alcohol activities.

☐ 4= Something else. Please describe.

____

6. Which of the following sources of information would be most helpful to you in trying to develop alcohol and drug abuse activities?

☐ 1= Brochures or reports

☐ 2= Video Tapes

☐ 3= Workshops

☐ 4= Technical Assistance from the ACTION office

☐ 5= Something else. Please describe.

____

7. Do you have or have you ever had RSVP volunteers working in any of these areas?

☐ 1= Yes, SKIP TO QUESTION 9

☐ 2= No

8. Within the next 6 months, do you plan to have new RSVP volunteer activities or stations in alcohol or drug abuse areas?

☐ 1= Yes, SKIP TO QUESTION 22

☐ 2= No

IF YOU ANSWERED "NO" TO BOTH QUESTIONS 7 AND 8, YOU HAVE COMPLETED THIS SURVEY. PLEASE RETURN THE QUESTIONNAIRE IN THE ENCLOSED ENVELOPE.

THANK YOU FOR YOUR HELP.

This section asks about alcohol and drug abuse activities your project has had in the past.

9. **Excluding your current activities,** has your project ever had volunteer stations in the following areas that no longer use RSVP volunteers? CHECK ONE RESPONSE CODE FOR EACH TYPE OF PROGRAM

a. Alcohol Abuse Prevention and Education?

☐ 1= Yes ☐ 2= No

b. Alcohol Abuse Treatment?

☐ 1= Yes ☐ 2= No

c. Drug Abuse Prevention and Education?

☐ 1= Yes ☐ 2= No

d. Drug Abuse Treatment?

☐ 1= Yes ☐ 2= No

e. Prevention in the misuse of prescription and over-the-counter drugs?

☐ 1= Yes ☐ 2= No

f. Other alcohol or drug abuse area?
Please describe: ____________________

☐ 1= Yes ☐ 2= No

10. How many stations has your project had that used RSVP volunteers at one time to help with alcohol or drug abuse activities but no longer do so?

☐☐ Stations that once used RSVP volunteers

11. Based on your experience, what are the major reasons why stations stopped using RSVP volunteers in alcohol or drug abuse programs? **CHECK ALL THAT APPLY.**

☐ 1= Station closed

☐ 2= Volunteers could not be recruited/retained

☐ 3= Station no longer had tasks appropriate for RSVP volunteers

☐ 4= Other Reason, Please Specify:______________________________

____

The next set of questions are concerned with your current RSVP stations. We are interested in knowing if any of these stations are involved in alcohol or drug abuse activities. Examples of the kinds of activities that we are interested in are:

- Education of young people or adults on alcohol or drug use, including teaching life skills or affective skills to prevent drug or alcohol abuse.
- Education of young people or adults on the dangers of misusing over the counter and prescription drugs.
- Public information campaigns such as puppet shows, posters, meetings, on alcohol or drug abuse.
- Counseling, therapy, referral, rehabilitation, or any type of assistance to drug or alcohol abusers.
- Assistance to community organizations such as MADD that are involved in drug or alcohol abuse prevention.

12. Do you currently have RSVP volunteers working in any alcohol or drug abuse activities? **CHECK ONE RESPONSE CODE.**

☐ 1= Yes ☐ 2= No, **SKIP TO QUESTION 22**

13. Do you currently run any RSVP volunteer services in alcohol or drug abuse areas directly from your office (that is, without the aid of a station)? **CHECK ONE RESPONSE.**

☐ 1= Yes ☐ 2= No

14. Including any services run from your office, how many of your RSVP Volunteer stations are involved in any way with activities relating to drug and/or alcohol abuse?

☐☐ Stations

PLEASE COMPLETE A STATION COLUMN FOR EACH STATION THAT HAS ALCOHOL OR DRUG ABUSE ACTIVITIES (IF YOU RUN DRUG OR ALCOHOL ABUSE ACTIVITIES FROM YOUR OFFICE, PLEASE INCLUDE YOUR OFFICE AS A STATION.)

15. Please provide the following information for each station with drug or alcohol activities. a. Name of Station:	Station #1 ____________	Station #2 ____________
b. Name of Station Supervisor:	____________	____________
c. Station Address:	____________ ____________	____________ ____________
d. Station Supervisor Phone #:	____________	____________
16. What type of drug or alcohol abuse activities does this station have? CHECK ALL THAT APPLY	__1 Alcohol Prev/Ed __2 Alcohol Treat. __3 Drug Prev/Ed. __4 Drug Treat. __5 Drug Misuse __6 Other (Specify) ____________	__1 Alcohol Prev/Ed __2 Alcohol Treat. __3 Drug Prev/Ed __4 Drug Treat. __5 Drug Misuse __6 Other (Specify) ____________
17. What population(s) does this station target for drug or alcohol prevention or treatment? CHECK ALL THAT APPLY	__1 Older Adults __2 Children/Youth __3 General __4 Other (Specify) ____________	__1 Older Adults __2 Children/Youth __3 General __4 Other (Specify) ____________
18. How many RSVP volunteers were working at this station at the end of the last quarter?	____________ Volunteers IF "0" SKIP TO THE NEXT STATION	____________ Volunteers IF "0" SKIP TO THE NEXT STATION
19. What percent of these RSVP volunteers assisted with the station's activities in alcohol and drug abuse?	____________%	____________%
20. How long have RSVP volunteers helped with the drug or alcohol abuse activities?	______ Months ______ Years	______ Months ______ Years
21. Would you say that this stations's ability to: a. Retain RSVP volunteers for drug or alcohol abuse activities is:	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good
b. Manage the work of RSVP Volunteers in drug or alcohol abuse activities is:	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good
c. Make RSVP volunteers working in drug or alcohol abuse, feel appreciated is:	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good
d. Provide rewarding opportunities for RSVP Volunteers working in drug or alcohol abuse is:	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good

Station #3 ____________	Station #4 ____________	Station #5 ____________
____________	____________	____________
____________ ____________	____________ ____________	____________ ____________
____________	____________	____________
__1 Alcohol Prev/Ed __2 Alcohol Treat. __3 Drug Prev/Ed. __4 Drug Treat. __5 Drug Misuse __6 Other (Specify) ____________	__1 Alcohol Prev/Ed __2 Alcohol Treat. __3 Drug Prev/Ed. __4 Drug Treat. __5 Drug Misuse __6 Other (Specify) ____________	__1 Alcohol Prev/Ed __2 Alcohol Treat. __3 Drug Prev/Ed __4 Drug Treat. __5 Drug Misuse __6 Other (Specify) ____________
__1 Older Adults __2 Children/Youth __3 General __4 Other (Specify) ____________	__1 Older Adults __2 Children/Youth __3 General __4 Other (Specify) ____________	__1 Older Adults __2 Children/Youth __3 General __4 Other (Specify) ____________
____________ Volunteers IF "0" SKIP TO THE NEXT STATION	____________ Volunteers IF "0" SKIP TO THE NEXT STATION	____________ Volunteers IF "0" SKIP TO THE NEXT STATION
__________%	__________%	__________%
______ Months ______ Years	______ Months ______ Years	______ Months ______ Years
__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good
__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good
__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good
__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good

QUESTIONS 15 - 21 CONTINUED.

15. Please provide the following information for each station with drug or alcohol activities. a. Name of Station:	Station #6 __________	Station #7 __________
b. Name of Station Supervisor:	__________	__________
c. Station Address:	__________ __________	__________ __________
d. Station Supervisor Phone #:	__________	__________
16. What type of drug or alcohol abuse activities does this station have? CHECK ALL THAT APPLY	__1 Alcohol Prev/Ed __2 Alcohol Treat. __3 Drug Prev/Ed. __4 Drug Treat. __5 Drug Misuse __6 Other (Specify) __________	__1 Alcohol Prev/Ed __2 Alcohol Treat. __3 Drug Prev/Ed __4 Drug Treat. __5 Drug Misuse __6 Other (Specify) __________
17. What population(s) does this station target for drug or alcohol prevention or treatment? CHECK ALL THAT APPLY	__1 Older Adults __2 Children/Youth __3 General __4 Other (Specify) __________	__1 Older Adults __2 Children/Youth __3 General __4 Other (Specify) __________
18. How many RSVP volunteers were working at this station at the end of the last quarter?	__________ Volunteers IF "0" SKIP TO THE NEXT STATION	__________ Volunteers IF "0" SKIP TO THE NEXT STATION
19. What percent of these RSVP volunteers assisted with the station's activities in alcohol and drug abuse?	__________%	__________%
20. How long have RSVP volunteers helped with the drug or alcohol abuse activities?	______ Months ______ Years	______ Months ______ Years
21. Would you say that this stations's ability to: a. Retain RSVP volunteers for drug or alcohol abuse activities is:	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good
b. Manage the work of RSVP Volunteers in drug or alcohol abuse activities is:	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good
c. Make RSVP volunteers working in drug or alcohol abuse, feel appreciated is:	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good
d. Provide rewarding opportunities for RSVP Volunteers working in drug or alcohol abuse is:	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good

Station #8 ____________	Station #9 ____________	Station #10 ____________
____________	____________	____________
____________ ____________	____________ ____________	____________ ____________
____________	____________	____________
__1 Alcohol Prev/Ed __2 Alcohol Treat. __3 Drug Prev/Ed. __4 Drug Treat. __5 Drug Misuse __6 Other (Specify) ____________	__1 Alcohol Prev/Ed __2 Alcohol Treat. __3 Drug Prev/Ed. __4 Drug Treat. __5 Drug Misuse __6 Other (Specify) ____________	__1 Alcohol Prev/Ed __2 Alcohol Treat. __3 Drug Prev/Ed __4 Drug Treat. __5 Drug Misuse __6 Other (Specify) ____________
__1 Older Adults __2 Children/Youth __3 General __4 Other (Specify) ____________	__1 Older Adults __2 Children/Youth __3 General __4 Other (Specify) ____________	__1 Older Adults __2 Children/Youth __3 General __4 Other (Specify) ____________
____________ Volunteers IF "0" SKIP TO THE NEXT STATION	____________ Volunteers IF "0" SKIP TO THE NEXT STATION	____________ Volunteers IF "0" SKIP TO THE NEXT STATION
__________%	__________%	__________%
______ Months ______ Years	______ Months ______ Years	______ Months ______ Years
__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good
__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good
__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good
__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good	__1 Excellent __4 Fair __2 Very Good __5 Poor __3 Good

22. Within the next 6 months, do you plan to begin new RSVP volunteer activities or stations working in: CHECK ONE RESPONSE CODE FOR EACH AREA

a. Alcohol Abuse Prevention and Education?

☐ 1= Yes ☐ 2= No

b. Alcohol Abuse Treatment?

☐ 1= Yes ☐ 2= No

c. Drug Abuse Prevention and Education?

☐ 1= Yes ☐ 2= No

d. Drug Abuse Treatment?

☐ 1= Yes ☐ 2= No

e. Prevention in the misuse of prescription and over the counter drugs?

☐ 1= Yes ☐ 2= No

f. Other Alcohol or Drug Abuse Area?
Please Specify: ____________________

☐ 1= Yes ☐ 2= No

23. In total, how many new stations do you plan to have in the areas of alcohol or drug abuse?

☐☐ Stations

24. Do you currently have a waiting list of volunteers who want to work in drug or alcohol prevention and/or treatment programs? CHECK ONE RESPONSE CODE

☐ 1= Yes ☐ 2= No, SKIP TO QUESTION 26

25. About how many RSVP volunteers do you have on a waiting list for drug and alcohol programs?

☐☐☐ RSVP Volunteers

26. Have you tried to recruit additional stations that have drug or alcohol abuse activities in the past 6 months? CHECK ONE RESPONSE CODE

☐ 1= Yes ☐ 2= No

27. What is the main barrier in planning a program in the area of alcohol or durg abuse or alcohol prevention, education, or treatment? **CHECK ONE RESPONSE CODE**

☐ 1= Lack of RSVP volunteers who want to work in drug or alcohol abuse.

☐ 2= Lack of stations that request RSVP volunteers.

☐ 3= Lack of stations with tasks the RSVP volunteers can perform.

☐ 4= Lack of programs in the drug and alcohol abuse areas.

☐ 5= Lack of funds to recruit new volunteers.

☐ 6= General inability of programs in drug or alcohol abuse to find tasks for volunteers to perform.

☐ 7= Other organizations are more appropriate than RSVP to provide assistance with alcohol and drug abuse activities.

☐ 8= Other (SPECIFY): ______________________________

____

28. Do you have volunteer positions in drug or alcohol prevention and/or treatment programs that you have not been able to fill because you don't have volunteers? **CHECK ONE RESPONSE CODE**

☐ 1= Yes ☐ 2= No, **SKIP TO QUESTION 30**

29. Approximately how many volunteer positions in drug or alcohol abuse could not be filled during the last 6 months?

☐☐☐ Positions

30. Do you have any additional comments on any of the issues we asked about?

____

____

____

____

____

____

____

____

In case we need to contact you about this questionnaire, please provide us with your name, address, telephone number, and best time to call.

a. Name:____

b. Address:_____________________________________

____

c. Telephone:___________________________________

d. Best Time to Call:___________________________

PLEASE RETURN THIS QUESTIONNAIRE TO:
RUTH KEARNS
RESEARCH TRIANGLE INSTITUTE
PO BOX 12084
RESEARCH TRIANGLE PARK, NC 26709

THANK YOU FOR YOUR HELP.

RTI Project Number 4866-02

OMB #: 3001//0122
Expires: 8/91

EVALUATION OF RSVP ADAPE ACTIVITIES
Volunteer Station Supervisor Survey

ACTION
1100 VERMONT AVENUE, NW
WASHINGTON, DC 20525

March 18, 1991

ACTION, the parent organization to the Retired Senior Volunteer (RSVP) Program, is seeking information on RSVP activities that help decrease drug and alcohol abuse. Our agency is an active participant in the Federal war against drugs. Our goal is to make the most effective use of our volunteers in this very difficult struggle. The first step we can take is to learn more about what our volunteers are doing now and how well they are doing it. ACTION has hired the Research Triangle Institute (RTI) to help with this. To this end, RTI has developed the enclosed survey that asks you about your organization's use of RSVP volunteers in alcohol and drug abuse prevention and treatment activities.

We need your help. We want you to tell us what your organization is doing to involve RSVP volunteers in alcohol or drug abuse programs. We want to learn about your current work as well as experiences you have had in the past. We also want you to look to the future and identify your projected needs for the involvement of RSVP volunteers. The enclosed survey form asks you a series of questions on these topics.

While voluntary, your participation in this effort is very important. We selected you based on information provided by your RSVP project director. Based on the information we have, we consider you to be representative of many stations nationwide. We estimate the questionnaire will take about 20 minutes to complete. We will ask a few station supervisors some additional questions, taking about ten minutes more.

You may complete the questionnaire in one of two ways, by mail or by telephone. You can fill it in yourself and return it in the enclosed postage paid envelope. If you would rather do it by phone, call RTI, toll free at 1-800-334-8571. Please ask for Chris Rogers in the Telephone Survey Unit at extension 6756. You may schedule an appointment or do the interview at that time. If RTI has not received your questionnaire by mail or completed it by telephone within the next two weeks, they will call you to complete the questionnaire.

I urge you to participate in this study by completing and returning the questionnaire or calling RTI for an appointment as soon as possible. Your participation is very important to the success of this important study. Thank you for your help. If you have any questions about the study, you may call Harvey Zelon (919) 541-5888 at the Research Triangle Institute. If you wish to talk with me concerning any aspect of this study, you may call me at (202) 634-9749.

Sincerely,

David B. Rymph

David B. Rymph, Ph.D.
Director, Program Analysis
and Evaluation Division

ACTION'S MISSION

To stimulate voluntary citizen participation in addressing the needs of American communities, particularly those of the poor, the disadvantaged and the elderly.

SCOPE OF THE STUDY

We are looking at the alcohol and drug abuse activities that RSVP volunteers do. You need a clear understanding of what these activities are in order to answer this questionnaire. Please read this page before you begin to answer the questions and please look at it again while you are answering the questions.

We want to know about activities, services and programs in the areas of alcohol and drug abuse prevention, education or treatment. Some RSVP volunteers provide support while others provide direct services. Please consider both types of activities. For example, programs where RSVP volunteers answer phones, drive vans, type, or stuff envelopes are as important as programs where RSVP volunteers work directly with clients.

We want to learn more about every type of drug and alcohol program and activity, including:

PREVENTION AND EDUCATION ACTIVITIES

- Educating young people about the consequences of alcohol or drug use
- Educating older Americans about the dangers of misuse of prescription and over-the-counter drugs
- Substance abuse hotlines
- Public information campaigns (puppet shows, meetings, posters, red ribbon campaign, etc.)
- Providing activities that are offered as alternatives to drug use (e.g., youth groups, community volunteer work)
- Teaching young people life skills or affective skills to prevent drug or alcohol use (e.g., self-esteem building, decision making)
- Teaching young people skills to resist peer pressure to use drugs or alcohol
- Assistance to MADD (Mothers Against Drunk Driving) or other community organizations involved in drug or alcohol prevention
- Training people to provide alcohol or drug abuse services

TREATMENT

- Identification and referral of youth alcohol and drug users
- Counseling or therapy for alcohol or drug users
- Training or rehabilitation programs for alcohol or drug users
- Leading groups that provide peer support or peer counseling
- Assisting drug or alcohol program clients in obtaining services in the community (e.g., childcare, social services, housing)

STATION SUPERVISOR SURVEY

According to our records, you are responsible for supervising and coordinating volunteer activities at your organization. Do you have volunteers working in the following areas? Please consider both support and assistance activities and direct services in these areas.

Alcohol abuse prevention and education
Alcohol treatment
Drug abuse prevention and education
Drug Abuse treatment, and
Preventing the misuse of prescription or over the counter medications
Other Alcohol or Drug abuse areas

☐ 1= Yes **CONTINUE**

☐ 2= No, **PLEASE RETURN THIS FORM IN THE ENCLOSED ENVELOPE. THANK YOU.**

Do you use RSVP volunteers to assist with your programs in the above areas?

☐ 1= Yes **CONTINUE**

☐ 2= No, **PLEASE RETURN THIS FORM IN THE ENCLOSED ENVELOPE. THANK YOU.**

1. Please provide the following information about your organization.

   a. In total, how many active volunteers did your organization have working in drug/alcohol related activities at the end of the last quarter?

      ☐☐☐ Active Volunteers

   b. How many active RSVP volunteers did your organization have working in drug/alcohol related activities at the end of the last quarter?

      ☐☐☐ Active RSVP Volunteers

2. How long has your organization used RSVP volunteers?

   ☐☐ Years If less than one year, check. ☐

3. Where is your organization located? **CHECK ONE RESPONSE CODE.**

☐ 1= Community mental health center

☐ 2= Community/public health center

☐ 3= Social or family service agency

☐ 4= School, school district, or school consortium

☐ 5= Hospital, clinic, or other medical center

☐ 6= Senior Health Center

☐ 7= Police Department

☐ 8= RSVP Project Office

☐ 9= Other (SPECIFY): ______________________________

4. How would you describe the area that your organization serves? **CHECK ONE RESPONSE CODE.**

☐ 1= Urban area with a population of 100,000 or more

☐ 2= Urban area with a population of 50,000-100,000

☐ 3= Suburban area

☐ 4= Rural area (less than 50,000)

☐ 5= Other (PLEASE SPECIFY) ______________________________

5. In which of the following areas does your organization have activities? Please answer by indicating "Yes" or "No" for each area. For each area in which you state that you have activities, please indicate whether RSVP and/or other volunteers work in that area, by circling "Y" or "N" for each area. Please include assistance or support services as well as direct services.

		Volunteers work in this area	
Areas	Activities in this area?	RSVP	Other Volunteers
a. Alcohol Abuse Education and Prevention for Children and Youth (SPECIFY TYPE OF MATERIAL USED): ______	Y N	Y N	Y N
b. Alcohol Abuse Treatment for Children and Youth	Y N	Y N	Y N
c. Alcohol Abuse Education and Prevention for Adults	Y N	Y N	Y N
d. Alcohol Abuse Treatment for Adults	Y N	Y N	Y N
e. Drug Abuse Education and Prevention for Children and Youth (SPECIFY TYPE OF MATERIAL USED): ______	Y N	Y N	Y N
f. Drug Abuse Treatment for Children and Youth	Y N	Y N	Y N
g. Drug Abuse Education and Prevention for Adults	Y N	Y N	Y N
h. Drug Abuse Treatment for Adults	Y N	Y N	Y N
i. Youth Education in the Prevention of Misuse of Prescription and Over the Counter Drugs (SPECIFY TYPE OF MATERIAL USED): ______	Y N	Y N	Y N
j. Adult Education in the Prevention of Misuse of Prescription and Over the Counter Drugs	Y N	Y N	Y N
k. Other Alcohol or Drug Abuse Youth Program (SPECIFY): ______	Y N	Y N	Y N
l. Other Alcohol or Drug Abuse Adult Program (SPECIFY): ______	Y N	Y N	Y N

6. What type of alcohol or drug abuse services does your organization provide. CHECK ALL THAT APPLY. During the last month that your organization was in full operation, indicate how many RSVP volunteers provided direct services, and how many provided support services. You may count the same volunteers in both categories of service provided.

Services	Provided by Organization?	Number of RSVP Volunteer Providers	
		Direct	Support
a. Public information campaigns (e.g., Media campaigns, posters)	☐	☐☐	☐☐
b. Counseling or therapy (individual or group)	☐	☐☐	☐☐
c. Affective education (self-concept, assertiveness training, decision making, coping skills, problem solving, values clarification, communication skills)	☐	☐☐	☐☐
d. Peer resistance skill training (refusal skills, Just Say No)	☐	☐☐	☐☐
e. Alternatives (e.g., substance-free hobby or recreation activities)	☐	☐☐	☐☐
f. Hotline	☐	☐☐	☐☐
g. Informational programs for persons at risk (e.g., information on danger of over-the-counter prescription drug misuse)	☐	☐☐	☐☐
h. One on one interpersonal activities such as tutoring, mentoring, etc.	☐	☐☐	☐☐
i. Identification and referral of alcohol or drug users	☐	☐☐	☐☐
j. Training people to provide alcohol or drug abuse activities	☐	☐☐	☐☐
k. Other (SPECIFY): ____________________	☐	☐☐	☐☐

IF YOU ONLY USE RSVP VOLUNTEERS PLEASE SKIP TO QUESTION 8

7. Among volunteers working in the drug/alcohol area, how do RSVP Volunteers compare with other volunteers working in your organization.

a. _1= RSVP volunteers have fewer problems learning the job.
_2= They are about the same.
_3= RSVP volunteers have more problems learning the job.

b. _1= RSVP volunteers are more dependable.
_2= They are about the same.
_3= RSVP volunteers are less dependable.

c. _1= RSVP volunteers require less supervision.
_2= They are about the same.
_3= RSVP volunteers require more supervision.

d. _1= RSVP volunteers get along well with other staff.
_2= They are about the same.
_3= RSVP volunteers get along less well with other staff.

e. _1= Clients feel more at ease with RSVP volunteers.
_2= They are about the same.
_3= Clients feel less at ease with RSVP volunteers.
_4= Not applicable, RSVP volunteers do not work with clients.

f. _1= RSVP volunteers are easier to retain.
_2= They are about the same.
_3= RSVP volunteers are harder to retain.

g. _1= RSVP volunteers are more available to work on schedule.
_2= They are about the same.
_3= RSVP volunteers are less available to work on schedule.

h. _1= RSVP volunteers have more empathy for clients.
_2= They are about the same.
_3= RSVP volunteers have less empathy for clients.
_4= Not applicable, RSVP volunteers do not work with clients.

i. _1= RSVP volunteers are more willing to do the tasks they are assigned.
_2= They are about the same.
_3= RSVP volunteers are less willing to do the tasks they are assigned.

8. What is the main advantage to your organization of using RSVP volunteers in drug/alcohol activities? **PLEASE RANK ORDER UP TO THREE CHOICES, USING "1" FOR YOUR FIRST CHOICE, "2" FOR YOUR SECOND CHOICE, AND "3" FOR YOUR THIRD.**

☐ Additional support for services

☐ Interest and enthusiasm

☐ Have valuable knowledge

☐ Have valuable skills

☐ Life experiences

☐ Ability to empathize with clients

☐ Dependable

☐ Other (SPECIFY): ______________________________

9. Based on your experience, what do RSVP volunteers find most rewarding in their drug/alcohol work in your organization? **CHECK ONE RESPONSE CODE.**

☐ 1= Working with other volunteers and paid staff of the organization

☐ 2= Interactions with clients

☐ 3= Developing new skills or obtaining information

☐ 4= Other (SPECIFY): ______________________________

10. For your organization to make the best possible use of RSVP volunteers in alcohol/drug activities - do you need additional management help from the RSVP project in:

	No additional help needed	Would like some additional help from RSVP project	Need substantial additional help	Does Not Apply
a. Volunteer recruitment	1	2	3	4
b. Volunteer screening	1	2	3	4
c. Initial training and orientation	1	2	3	4
d. Job-specific training	1	2	3	4
e. Volunteer recognition	1	2	3	4
f. Assistance in problems experienced in doing volunteer job	1	2	3	4
g. Information on volunteer interests or background	1	2	3	4
h. Other volunteer management (SPECIFY): ________________	1	2	3	4

11. How important are RSVP volunteers to the success of your organization? **CHECK ONE RESPONSE CODE.**

☐ 1= Very Important

☐ 2= Important

☐ 3= Somewhat Important

☐ 4= Not Very Important

12. Do you have any unfilled volunteer positions in the alcohol/drug area for which you could use additional RSVP volunteers? **CHECK ONE RESPONSE CODE.**

☐ 1= Yes

☐ 2= No, **SKIP TO QUESTION 13**

13. How many additional RSVP volunteers could you use?

☐☐☐ Active Volunteers

14. During the last quarter, has the number of RSVP Volunteers working in your station's alcohol or drug activities:
CHECK ONE RESPONSE CODE.

☐ 1= Greatly Increased

☐ 2= Slightly Increased

☐ 3= Remained About the Same

☐ 4= Decreased

15. Do you have any additional comments on any of the issues we asked about?

____

____

____

In case we need to contact you about this questionnaire, please provide us with your name, address, telephone number, and best time to call.

a. Name:____

b. Address:____

____

c. Telephone:_______________________________________

d. Best Time to Call:_________________________________

PLEASE RETURN THIS QUESTIONNAIRE TO
RUTH KEARNS
RESEARCH TRIANGLE INSTITUTE
PO BOX 12194
RESEARCH TRIANGLE PARK, NC 27709

THANK YOU FOR YOUR HELP.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public respondent burden for this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions and completing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing burden, to: Associate Director, Office of Management and Budget, ACTION, 1100 Vermont Avenue, N.W., Washington, D.C. 20525; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

IN-DEPTH VOLUNTEER SUPERVISOR SURVEY QUESTIONNAIRE

Please answer the following questions in regard to the RSVP volunteers you have working in the area of drug and alcohol abuse.

VOLUNTEER CHARACTERISTICS

1. How would you characterize the RSVP volunteers working for you?

2. Do you think older volunteers work well with (your agency's target population: example, children and teenagers)? Do you think older volunteers could work well with other populations? If yes, please describe.

3. Have you worked with RSVP volunteers you consider outstanding? How would you describe this (these) person(s)? Why do you think they are particularly successful?

MANAGEMENT ISSUES

4. Have RSVP volunteers affected the management requirements for you or your staff in any way? If so, how?

5. Are there special training needs of RSVP volunteers in comparison to other volunteers? If so, can you describe the differences?

6. Have you encountered any problems in the following situations with RSVP volunteers? For each problem encountered, briefly describe the problem, and how you addressed it.

   - in the volunteers' interactions with other staff
   - in the volunteers' relationship with supervisors
   - in your relationship with the project director
   - in the volunteers' ability to perform the tasks asked of him/them
   - in the volunteers' willingness to perform the task required
   - other obstacles in using older volunteers in your program

7. From your experience, in what activities are RSVP volunteers most effective?

8. Are there other activities you would like to see the RSVP volunteers perform within your agency? If yes, please describe these tasks. If there are tasks they aren't performing, what would need to be done to change this?

9. What aspect of your program's involvement with older volunteers are you most proud of?

10. How would you characterize your organization's management style with older volunteers?

PROGRAM PLANNING

11. What would you tell another organization about older volunteers?

12. What should RSVP's role be in the assignment and retention of volunteers in your agency?

13. What can RSVP do to improve the use of their volunteers for your organization?

14. Can you give an example of a particular situation in which a volunteer was crucial to the care/contact with a client?

Date of Interview: __/__/__ Interviewer ID #: __________

APPENDIX B

RESEARCH METHODOLOGY

INTRODUCTION

The objectives of the survey were to increase understanding of RSVP's current activities in the alcohol and drug area and the potential for increased RSVP participation in this area. The survey examines the barriers or challenges to increased involvement in this important area and the requirements for managing both current activities and program expansion. We asked for comparisons between alcohol/drug and other RSVP volunteer activities in terms of volunteer experience and management requirements and comparisons between RSVP volunteers and other volunteers. In addition, we asked Volunteer Station Supervisors and Project Directors about the kinds of management support needed to support current or expanded involvement in the alcohol and drug area.

A series of sub-studies made up the data collection activities. They consisted of interviews with different persons involved with RSVP ADAPE (alcohol and drug abuse prevention and education) activities. The first sub-study was a study of RSVP project directors from all RSVP projects in the United States. This was called the Project Director's (PD) Survey. We compiled a list of all the stations in which RSVP volunteers participate in ADAPE activities, as part of the Project Director survey effort. We selected a sample of those stations to participate in the second sub-study; the Volunteer Station Survey (VSS). The third sub-study consisted of an in-depth interview with a subsample of the volunteer stations who participated in the VSS. Finally, we selected a purposive sample of the volunteer stations for site visits.

SURVEY DATA COLLECTION

Survey data collection involved the use of mail surveys, computer-assisted telephone interviews (CATI) and hardcopy telephone interviews. We conducted a mail survey with a telephone followup to both the project directors and the station supervisors. We contacted by phone a sample of volunteer station supervisors for an in-depth followup interview that was completed on hard copy.

The Telephone Survey Unit (TSU) data collection process required a three stage information collection approach. The first stage was the collection of basic descriptive program information from all RSVP Project Directors. We selected a sample of Volunteer Station Supervisors who supervise programs involved in drug and alcohol abuse for the second stage interview. Finally TSU collected in-depth information from a subsample of RSVP stations involved in alcohol and drug abuse prevention and education programs.

Each stage differed in the types of information collected. In the initial screenings and descriptive survey of Project Directors, we determined which stations have RSVP volunteers participating in drug and alcohol education and prevention activities and obtained information on the project and stations. Next, for the survey of Volunteer Station Supervisors, we obtained more detailed information about the programs, such as program size, types of alcohol or drug abuse services provided, reports on volunteer's experience and effective activities. Finally, for the in-depth telephone survey of Volunteer Station Supervisors, we collected more detailed information on such issues as program effectiveness, successful approaches and barriers to participation by RSVP volunteers.

PROJECT DIRECTOR SURVEY

RSVP works in local communities. In a community, the RSVP project is administered by the RSVP project director and is typically located at a public agency or non-profit organization. The project is responsible for RSVP volunteers in the community overall. It often takes the responsibility for recruiting and placing RSVP volunteers in community health, educational, and social service organizations and other agencies serving as Volunteer Stations.

The goals of the RSVP Project Director Survey were to:

- obtain information on all Volunteer Stations that have RSVP volunteers working in ADAPE in order to contact those stations to collect more detailed information on their experiences;
- identify barriers to increased use of RSVP Volunteers in ADAPE activities and identify solutions to those barriers;
- determine if Project Directors are interested in expanding their project's involvement in substance abuse-related programs and if so, what types of assistance would help them achieve those goals; and
- better understand the management support needed for RSVP volunteers to work effectively in ADAPE.

QUESTIONNAIRE MAILOUT

ACTION provided a list of 766 ACTION and non-ACTION funded RSVP projects. This list was used to initialize the CATI system and to prepare labels for the questionnaire and the envelope used in the mailout. The mailout consisted of a copy of the questionnaire, a prepaid, preaddressed envelope and a cover letter describing the survey and requesting participation. We mailed the Project Director Questionnaires on March 20, 1991 to each of the 766 RSVP project directors. The respondents were given the choice of returning the completed instruments in the postage-paid envelope provided, calling TSU to do the interview at their convenience or being contacted by a telephone interviewer. The cover letter included a toll-free number for the respondent to use to contact RTI.

TELEPHONING NON-RESPONDENTS AND KEYING QUESTIONNAIRES

We contacted by telephone those respondents who did not complete and return the questionnaire by mail. During the telephone contact RTI interviewers completed the questionnaire using the CATI (Computer Assisted Telephone Interview) system or scheduled an appointment to complete the interview.

The TSU interviewers entered the data from the questionnaires received in the mail directly on the CATI system. Data processing began as soon as the first completed mail questionnaires were received. Completed questionnaires received by mail went to TSU to be entered into the CATI database. Interviewers in the TSU also telephoned any respondents who returned questionnaires with missing or inconsistent information.

INTERVIEWER TRAINING

We held training for the PD survey on Wednesday, April 3, 1991 in the Telephone Survey Unit at RTI. We trained one supervisor and 10 interviewers to conduct the PD survey. Before specific training on the questionnaire, supervisors in the TSU trained the interviewers on general interviewing techniques and use of the CATI system.

DATA COLLECTION RESULTS

Data collection for the Project Directors Survey began immediately following the training session. We brought data collection to a close on April 25; thus, we completed the Project Directors Survey in three weeks. Of the 766 RSVP Projects on the list, we contacted 752 (98%) and completed interviews. The 14 remaining cases include 5 programs no longer associated with RSVP as well as cases which we were unable to contact or that we otherwise did not complete. Table 1 summarizes the final result of the PD survey.

Table 1

Project Director Survey Results

Final Result	Complete		Incomplete	Total
	Eligible	Ineligible		
Telephone Interview	137 (38%)	132 (34%)		269 (35%)
Received in mail	224 (62%)	259 (66%)		483 (63%)
Unable to contact			1 (.7%)	1 (.1%)
Promise to mail			4 (28%)	4 (.5%)
Call back scheduled			4 (28%)	4 (.5%)
Refusal				
No Longer RSVP Project			5 (36%)	5 (.6%)
Total	361 (47%)	391 (51%)	14 (2%)	766 (100%)

BEST COPY AVAILABLE

VOLUNTEER STATION SUPERVISORS SURVEY

We selected a sample of Station Supervisors from a list of volunteer stations obtained from the Project Director Survey. The Project Directors provided information about their stations during their interviews. We were interested in which included those providing direct or support services in the areas of alcohol and/or drug abuse prevention, education, or treatment. Based on the information collected, we selected a sample of 387 stations for the Volunteer Station Supervisors Survey. The purpose of this stage of the survey was to provide more detailed information for relevant programs including program size, activities, populations served, reports on volunteer's experience and effective activities.

The goals of the Volunteer Station Supervisor Survey were to describe current RSVP activities in the substance abuse area, including:

- who they serve;
- what services they provide;
- how many RSVP volunteers they have;
- what the RSVP volunteers do;
- their experience with supervising the work of RSVP volunteers and assistance they need to supervise more effectively; and
- the rewards RSVP volunteers get from their work and the contribution they make to the volunteer station's program.

SAMPLING FOR STATION SUPERVISORS SURVEY

Project directors enumerated their volunteer stations that provided direct or support services in the areas of alcohol and/or drug abuse prevention, education, or treatment. Project directors also provided information on the target population (adults, youth, general) and on the type of program (alcohol or drug combined with prevention, education or treatment), as well as information on the success of the program. Stations enumerated with at least one volunteer working in ADAPE were eligible to be selected into the sample.

Based on information from the project directors on target population and type of programs, we categorized stations into one of six strata based on the population served and the type of activities. We based the six strata on three groups:

- drug misuse prevention for older adults (AM);
- youth programs, regardless of type of activity (YP); and
- other programs (OT) which includes any activity for general or other populations as well as activities for older adults not classified as drug misuse/prevention.

Several VSs have more than one type of activity. Numbers of cases in the six strata as of the survey cut-off date are:

Only AM	42
Only YP	249
Only OT	350
AM-OT	81
YP-OT	69
AM-YP-OT	36*

*This includes 5 AM-YP cases.

At the time we selected the sample of VSs, interviews had been completed with project directors, who enumerated 827 eligible volunteer stations. We sorted these volunteer stations by stratum, by whether they were successful (based on the project director's evaluation, we classified a volunteer station as successful if the average rating for that stations was higher than the average rating for all eligible stations), and by region and state. We serpentined sorts to minimize the design effect when crossing borders into another category. The sample selected was a stratified systematic sample from an ordered frame. The selection yielded the following number of cases:

Stratum	Population-Size	Sample Size
Only AM	42	33
Only YP	249	173
Only OT	350	81
AM-OT	81	41
YP-OT	69	32
AM-YP-OT	36	20
TOTAL	827	380

Additionally, we added 8 VSs from New York City to the sample with certainty.

When the sample of VSs were chosen for interview, we selected a subsample of 103 VSs for in-depth interview. The sampling strategy used was the same as for the selection of VSs for the station interview, using the selected stations as the frame for the in-depth interview selection.

QUESTIONNAIRE MAILOUT

Once we completed the Project Directors Survey and selected the sample for the Station Supervisors Survey, we mailed questionnaires to the station supervisors. Again, as in the Project Director Survey, we generated mailing labels and mailed a copy of the questionnaire, a prepaid, preaddressed envelope and a cover letter to each station supervisor. The cover letter identified RTI, explained the purpose of the study, stressed the importance of the study and requested the respondent's cooperation. The letter also included a toll-free number that the respondent could use to contact

RTI. We informed the respondents that a telephone interviewer would contact them in approximately two weeks to conduct an interview if we had not received the questionnaire by that time. We mailed the station supervisor questionnaires on May 15, 1991.

TELEPHONING NON-RESPONDENTS AND KEYING QUESTIONNAIRES

As in the Project Directors Survey, we contacted by telephone station supervisors who did not complete and return their questionnaire by mail. We completed the interviews using the preprogrammed CATI system. If the respondent was not available, the interviewer scheduled a specific callback appointment.

Before telephoning any respondents in the sample, the interviewers entered all the questionnaires that had been received by mail. Again, interviewers telephoned any respondents who had returned questionnaires with missing or inconsistent information.

During the first several days of interviewing station supervisors many of the supervisors reported having no RSVP volunteers working with alcohol or drug abuse related programs. As a result, we decided to call those station supervisors back to verify this finding. We were afraid that it may not have been clear that we were interested in indirect as well as direct services in those areas. The results of this effort revealed that some supervisors had not considered indirect services; however, the majority simply did not have volunteers working in alcohol or drug abuse related areas.

INTERVIEWER TRAINING

We held training for the Station Supervisor Survey on May 29, 1991. Two supervisors and six interviewers were trained to complete this phase of the project. The supervisors in TSU were responsible for training inexperienced interviewers on general interviewing techniques and on the CATI system.

Specific training for the survey began with an introduction explaining the background and purpose of the study. We discussed the different phases of the study and the stages of data collection; specifically, the Project Director Survey, the Station Supervisor Survey and the In-Depth Station Supervisor Survey. The training session also dealt with administrative matters; processing data collection forms, scheduling interviews and handling problems that they might encounter during the interview process. We spent the majority of the training session discussing the questionnaire and practicing entering responses on the CATI system.

STATION SUPERVISORS IN-DEPTH SURVEY

The objective of this part of the survey was to collect more detailed information on such issues as program activities, successful approaches and barriers to participation by RSVP volunteers.

We selected a sample of 103 volunteer stations for the in-depth survey. We programmed the CATI system to identify stations that were eligible for the in-depth follow-up interviews. When entering the initial station supervisors survey on CATI, whether it was entered from a mail survey or as part of a CATI call, the system automatically informed the interviewer which station supervisors had been selected for the in-depth survey. Then, if the interviewer was conducting a CATI interview, he/she was instructed to simply continue with the hard copy in-depth station supervisor questions. If the questionnaire had been returned by mail and the system indicated it had been selected for the in-depth survey, we instructed the interviewer to call that respondent.

As an additional means of informing the interviewers which station supervisors had been selected for an in-depth survey, a red star was placed on the control form by the respondent's name. The star informed the interviewer that he/she should continue with the in-depth interview without hesitation. A screen in the CATI program also appeared to prompt the interviewer; however, the star on the control form let the interviewer know before the end of the interviewer that they should expect to complete the in-depth survey. When the interviewer was entering a questionnaire that had been mailed, the star let the interviewer know that he/she would have to call the station supervisor to conduct the in-depth survey. We reminded interviewers to ask about any other problems during the call to complete the in-depth interview. This reduced the need for repeat contacts.

Data collection results

Data collection for the Station Supervisors Survey lasted approximately three weeks, ending on June 21, 1991. We mailed questionnaires to 387 station supervisors and completed contacts with 367 (95%). The status of the remaining 20 included those we were unable to contact, who promised to mail the questionnaire or with whom a callback was scheduled. Table 2 summarizes the final results of the VSS.

Data collection for the in-depth survey took place while the station supervisor survey took place. We selected a total of 103 station supervisors for the in-depth station survey. Of those, only 48 were actually eligible for the Station Supervisors Survey, since they reported that they had active RSVP volunteers. We completed the in-depth interview with 45 of the station supervisors who were eligible.

Interviewers were unable to contact the remaining three to conduct the in-depth survey. Forty-five of those selected for the in-depth survey were not eligible since they did not have active RSVP volunteers in the drug abuse area. The remaining 10 were among those which finished the VSS in a pending category.

Table 2

Station Supervisor Survey Results

Final Result	Complete		Incomplete	Total
	Eligible*	Ineligible		
Interviews completed by phone	115 (68%)	179 (90%)		294 (76%)
Questionnaire received in mail	54 (32%)	19 (10%)		73 (19%)
Unable to contact			6 (30%)	6 (1.6%)
Promise to mail			8 (40%)	8 (2%)
Call back scheduled			6 (30%)	6 (1.6%)
Total	169 (44%)	198 (51%)	20 (5%)	387 (100%)

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* Eligibility status determined based on Volunteer Station Supervisor's report of whether the Station had any RSVP Volunteers serving in the alcohol/drug area.

BEST COPY AVAILABLE

SITE VISIT DATA COLLECTION

SITE VISIT PREPARATION

The final survey phase for this project involved on-site visits with some select RSVP stations. The objective of the on-site research was to provide more in-depth case study information about specific issues related to drug and alcohol abuse programming. It was especially to describe in detail the organization, operation, community context and impact of the most effective RSVP projects. The results of the site visits can be used to develop technical assistance materials that ACTION can disseminate to other RSVP projects, volunteer organization and communities.

We selected the RSVP stations for the on-site research based on information from the surveys with project directors and station supervisors. We compiled a list of all the stations with "excellent" or "very good" ratings from the Project Director Surveys. We then reviewed the questionnaires from those stations to select particularly effective and informative RSVP projects/stations for the site visits. Areas of concern were:

- the number of active RSVP volunteers;
- type of station, e.g., mental health center, school, hospital;
- area station serves, e.g., urban, suburban or rural;
- types of RSVP activities; and
- types of alcohol or drug abuse services.

We compared the list developed by RTI to a list of highly regarded stations provided by ACTION, prepared based on input from state and regional ACTION staff.

SITE SELECTION

We selected sites using several criteria. First, ACTION requested that their State offices provide a listing of sites they believed to be exceptional in their ability to manage volunteers. In addition, we used information from the Project Director survey to help identify sites with effective programs using a 5-point scale from "poor" to "excellent." Project Directors rated each of the stations on ability to manage RSVP volunteers, provide rewarding volunteer assignments, make volunteers feel appreciated, and retain volunteers. We then matched Stations that they rated "good" or "excellent" in all four areas. We next matched this list with the list from State Project Offices to identify a group of active and well managed sites. For each of the sites in this combined list, we targeted those that had larger numbers of volunteers (at least five). In addition, we considered the program types, with special emphasis given to work with children and programs addressing the misuse of prescription drugs among the elderly.[1] We selected three RSVP programs to visit through these procedures.

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[1] We wanted to visit a school based program before the start of summer vacation. The Station Supervisor surveys had not yet been completed; however, our pretest data suggested the site in Bellingham, Washington met the criteria; we selected the remaining sites based on the criteria described, in addition to consideration given to the region of the country in which they were located.

We identified some stations through the Project Director ratings of their performance. Information was available on some stations because they had been interviewed in the pilot testing of the questionnaires.

PROTOCOL DEVELOPMENT

Instrument Development

Development of the site visit instruments included several steps. First, questions from the Project Director, Station Supervisor, and In-Depth Station Supervisor surveys served as a guide in the development of the questions for the site visits. Areas of interest included recruitment, management, and retention of both stations and RSVP volunteers in alcohol and drug abuse programs. Second, we developed a set of questions for the volunteers since the site visits provided the only opportunity for data collection from volunteers in alcohol and drug abuse programs. We were particularly interested in learning about any problems they had encountered, their perceptions on the effects of their participation in the program, and impacts they had perceived.

We sent questions to ACTION for approval. The final set of questions, incorporating the recommended changes from ACTION, appear in Appendix A.

Data Collection Techniques

We used individual interviews with the Project Directors and Station Supervisors to extend the information obtained from the initial telephone surveys. In addition, we conducted individual interviews with any other individuals identified as having specific information about operating the alcohol and drug abuse program. In two sites, for instance, the RSVP projects were so large that the Project Director was primarily responsible for administrative/management areas of project operation. Thus he/she had limited information about the specific programs. Therefore, interviews with RSVP Volunteer Coordinators provided useful information in these cases, because of their direct involvement with the Volunteer Stations and knowledge of the work of the RSVP volunteers.

In addition to the individual interviews, we conducted focus groups with groups of 7-11 RSVP volunteers.[2] We asked RSVP volunteers to share their opinions about the progress of the alcohol and drug abuse programs. We also asked them to describe personal rewards or barriers they have experienced as a result of their program participation. We also collected written documents, such as program descriptions, during our site visits. We then analyzed the information from the three data sources -- individual interviews, focus groups, and program documentation. Our major analytic objective was to identify major themes common across the programs.

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[2] Focus groups are a qualitative research technique used to collect in-depth information about the group members' perception, feelings, and experiences related to a particular experience, issue or service.

QUALITY CONTROL

During data collection a trained supervisor in the telephone survey unit closely supervised the survey interviewers. Problems were reported to the project supervisors. If he could not resolve the problems at that level, he reported them to the data collection manager and project director.

Much of the editing necessary for the CATI project takes place during the data entry process. The real-time edits, recordings and checks built into the CATI system reduced the possibility of errors. If a questionnaire failed the edit check, a problem sheet describing the problem was returned to the interviewer. In some cases it was necessary to recontact the respondent to correct the problem. The interviewer recorded the explanation on a problem sheet, which was returned to the CATI programmer to be corrected on the CATI system. Also, if an interviewer encountered a problem during an interview, he/she recorded the problem on a problem sheet for review.

To keep track of calls, a file system was set up. Each case was assigned an individual project ID number on a control form. The control forms were filed in numeric order. The file system was set up with folders for specific call back appointments, problems, completed cases and refusals. In addition, the CATI programmer ran a status report daily and ran several reports identifying the cases that were still pending and their status. This information allowed the project staff to monitor progress in TSU and to adjust staff size and working hours for maximum efficiency. Problem cases and other data collection concerns were identified quickly and resolved in a timely manner.

APPENDIX C

DATA TABLES

INTRODUCTION TO SURVEY TABLES

The tables in this appendix provide a "data book" of the responses to the Project Director survey and Volunteer Station Supervisor Survey. Copies of the questionnaires are included as Appendix A. The survey methods are described in the text of the report and in Appendix B.

The tables are presented in order by questionnaire and item number. First are tables of the data from the Project Director survey. Second are tables from the Volunteer Station Survey.

At the top of each table is the item identifier and a descriptive title showing the content of the question. The item identifier is either the questionnaire item number of for variables for several items. Each table gives the results for one questionnaire item. The responses are the rows of the table; adding down each column, the tables sum to 100%. The percentages in the tables are the weighted percentages (see the methodology discussion for details). The unweighted number of respondents is given at the bottom of each column.

The tables use a standard set of subgroups, which are shown as columns across the top of the table. In addition, the percentages for the total group are shown in the right-hand column of the table.

The subgroups compared for the Project Director Survey are defined by:

- Whether the Project Director reports having experience with RSVP volunteers working in the alcohol or drug areas.

  Project Directors are classified as having experience if they say they currently have Volunteer Station(s) that have one or more RSVP volunteers who provide services in the alcohol or drug area or have had volunteers working in the area in the past.

- The size of the RSVP Project, defined by the total number of RSVP volunteers the Project Director reports having at the end of the last quarter.

  These include all volunteers in the Project, not just ones working in the alcohol/drug area.

The subgroups compared for the Volunteer Station Supervisor Survey are defined by:

- The number of RSVP volunteers the Volunteer Station has working in alcohol or drug-related activities.
- The population(s) to which the Volunteer Station provides alcohol/drug services. These are: only children and/or youth; only adults; and both children/youth and adults.
- Whether the Volunteer Station uses RSVP volunteers only to provide indirect or support services (for instance, typing, stuffing envelopes, driving), or uses them to provide direct services (either direct services only or both direct and indirect services).
- The geographic area the Volunteer Station serves, classified as rural (population less than 50,000), or urban/mixed (including suburban).

PROJECT DIRECTOR SURVEY DATA

Q1A: TOTAL NUMBER OF VOLUNTEER STATIONS CURRENTLY PARTICIPATING IN RSVP PROJECT

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q1A							
1-24	7.3	3.9	20.2	4.0	1.6	0.8	5.1
25-49	29.7	20.5	49.0	31.4	10.5	3.1	23.7
50-74	31.3	29.3	23.1	36.6	31.9	15.6	30.0
75-99	15.8	22.4	5.8	17.7	31.9	20.3	20.1
100-149	10.0	14.4	1.9	8.8	16.8	26.6	12.9
150 +	5.8	9.6	.	1.5	7.3	33.6	8.3
TOTAL N	259	492	104	328	191	128	751

Q1C: LAST QUARTER'S TOTAL NUMBER OF VOLUNTEER SERVICE HOURS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q1C							
1-9,999	17.8	14.1	57.3	10.7	7.9	4.7	15.4
10,000-19,999	37.5	29.1	35.9	53.1	13.1	3.1	32.0
20,000-29,999	23.6	25.6	3.9	29.4	36.6	12.6	24.9
30,000-39,999	8.9	11.9	1.0	3.7	24.1	17.3	10.8
40,000-49,999	5.4	9.2	1.0	1.5	12.6	22.8	7.9
50,000 +	6.9	10.0	1.0	1.5	5.8	39.4	9.0
TOTAL N	259	488	103	326	191	127	747

Q2YR: LENGTH OF TIME AS PROJECT DIRECTOR FOR THIS RSVP PROJECT

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q2YR							
< 1 year	19.7	12.8	22.1	14.3	15.2	11.7	15.2
1-2	21.2	21.5	26.0	23.2	17.8	18.8	21.4
3-4	14.7	19.1	19.2	17.4	16.2	18.8	17.6
5 +	44.4	46.5	32.7	45.1	50.8	50.8	45.8
TOTAL N	259	492	104	328	191	128	751

Q3A: MOST OLDER AMERICANS ARE COMFORTABLE WORKING IN ALCOHOL AND DRUG ABUSE ACTIVITIES WITH CHILDREN AND YOUTH

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q3A							
Strongly Agree	2.3	2.0	1.0	2.1	3.7	0.8	2.1
Agree	11.6	19.5	24.3	15.9	15.2	15.6	16.8
Neither Agree or Disagree	18.6	20.1	23.3	18.9	18.3	20.3	19.6
Disagree	53.1	49.2	45.6	52.4	51.3	48.4	50.5
Strongly Disagree	14.3	9.1	5.8	10.7	11.5	14.8	10.9
TOTAL N	258	492	103	328	191	128	750

Q3B: MOST OLDER AMERICANS ARE COMFORTABLE WORKING IN ALCOHOL AND DRUG ABUSE ACTIVITIES WITH ADULTS

Percentage of Responses	Exp. using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q3B							
Strongly Agree	0.8	3.0	1.9	1.8	3.1	2.3	2.3
Agree	14.7	16.1	18.4	13.7	17.3	15.6	15.6
Neither Agree or Disagree	21.3	21.3	27.2	20.4	20.4	20.3	21.3
Disagree	53.5	52.0	46.6	56.7	49.2	51.6	52.5
Strongly Disagree	9.7	7.5	5.8	7.3	9.9	10.2	8.3
TOTAL N	258	492	103	328	191	128	750

Q3C: MOST OLDER AMERICANS BELIEVE THAT VOLUNTEERING TO HELP WITH ALCOHOL OR DRUG ABUSE ACTIVITIES WOULD REQUIRE THEIR GOING INTO DANGEROUS PLACES

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q3C							
Strongly Agree	8.9	7.5	5.8	7.3	8.9	10.2	8.0
Agree	46.1	45.1	45.6	47.6	46.6	38.3	45.5
Neither Agree or Disagree	23.3	23.8	17.5	24.7	21.5	28.9	23.6
Disagree	20.5	21.1	29.1	19.5	18.8	21.1	20.9
Strongly Disagree	1.2	2.4	1.9	0.9	4.2	1.6	2.0
TOTAL N	258	492	103	328	191	128	750

Q3D: MOST OLDER AMERICANS HAVE THE SKILLS NEEDED TO HELP IN ALCOHOL OR DRUG ABUSE ACTIVITIES

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q3D							
Strongly Agree	2.7	2.8	5.8	1.5	2.1	4.7	2.8
Agree	16.3	25.8	20.4	21.0	23.0	27.3	22.5
Neither Agree or Disagree	22.9	20.5	28.2	18.3	23.0	21.1	21.3
Disagree	51.9	43.5	37.9	51.8	46.1	39.8	46.4
Strongly Disagree	6.2	7.3	7.8	7.3	5.8	7.0	6.9
TOTAL N	258	492	103	328	191	128	750

Q3E: MOST OLDER AMERICANS PREFER TO WORK IN PROGRAM AREAS THAT ARE NOT INVOLVED IN ALCOHOL OR DRUG ABUSE ACTIVITIES

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q3E							
Strongly Agree	30.5	28.0	26.9	28.7	30.4	28.9	28.9
Agree	55.6	56.3	57.7	57.0	53.4	56.3	56.1
Neither Agree or Disagree	11.6	12.0	11.5	11.9	12.6	10.9	11.9
Disagree	1.9	3.3	3.8	2.1	3.1	3.1	2.8
Strongly Disagree	0.4	0.4	.	0.3	0.5	0.8	0.4
TOTAL N	259	492	104	328	191	128	751

Q3F: SCHEDULE REQUIREMENTS FOR RSVP VOLUNTEERS IN ALCOHOL AND DRUG ABUSE ACTIVITIES AS COMPARED TO OTHER PROGRAM AREAS

Percentage of Responses	Exp. using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q3F							
More Demanding	46.3	34.2	38.8	41.3	36.7	32.5	38.3
About the Same	50.2	62.4	58.3	56.3	56.4	65.9	58.2
Less Demanding	3.5	3.5	2.9	2.4	6.9	1.6	3.5
TOTAL N	255	489	103	327	188	126	744

Q3G: RSVP VOLUNTEER TRANSPORTATION TO ALCOHOL AND DRUG ABUSE ACTIVITIES AS COMPARED TO OTHER PROGRAM AREAS

Percentage of Responses	Exp. using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q3G							
More of a Problem	20.3	14.5	19.4	15.9	16.3	15.7	16.5
About the Same	78.1	83.7	78.6	83.2	81.1	81.9	81.8
Less of a Problem	1.6	1.8	1.9	0.9	2.6	2.4	1.7
TOTAL N	256	491	103	327	190	127	747

Q3H: RECRUITING RSVP VOLUNTEERS TO WORK IN ALCOHOL OR DRUG ABUSE ACTIVITIES AS COMPARED TO OTHER PROGRAM AREAS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q3H							
More of a Problem	87.2	82.4	84.6	85.3	83.2	82.0	84.1
About the Same	12.0	16.3	14.4	13.5	15.8	17.2	14.8
Less of a Problem	0.8	1.2	1.0	1.2	1.1	0.8	1.1
TOTAL N	258	490	104	326	190	128	748

Q3I: TRAINING RSVP VOLUNTEERS FOR ALCOHOL OR DRUG ABUSE ACTIVITIES AS COMPARED TO OTHER PROGRAM AREAS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q3I							
More Difficult	55.6	45.2	48.1	55.8	41.1	43.0	48.8
About the Same	43.6	52.1	50.0	42.4	56.3	55.5	49.2
Less Difficult	0.8	2.6	1.9	1.8	2.6	1.6	2.0
TOTAL N	259	491	104	328	190	128	750

Q3J: SUPERVISING RSVP VOLUNTEERS IN ALCOHOL OR DRUG ABUSE ACTIVITIES AS COMPARED TO OTHER PROGRAM AREAS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q3J							
More Difficult	29.8	24.7	31.7	26.2	25.4	24.4	26.5
About the Same	69.4	72.4	64.4	72.9	71.4	73.2	71.4
Less Difficult	0.8	2.9	3.8	0.9	3.2	2.4	2.1
TOTAL N	258	490	104	328	189	127	748

Q3K: COORDINATION WITH STATIONS INVOLVED IN ALCOHOL OR DRUG ABUSE ACTIVITIES AS COMPARED TO STATIONS WITH OTHER PROGRAM AREAS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q3K							
More Difficult	28.7	19.3	24.0	23.2	23.3	18.8	22.6
About the Same	68.2	77.6	72.1	74.4	74.6	75.8	74.4
Less Difficult	3.1	3.1	3.8	2.4	2.1	5.5	3.1
TOTAL N	258	491	104	328	189	128	749

Q4: INTEREST IN DEVELOPING OR EXPANDING RSVP ACTIVITIES IN THE AREAS OF ALCOHOL AND DRUG ABUSE

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q4							
Very Interested	26.6	41.7	34.6	34.5	38.2	40.6	36.5
Somewhat Interested	54.1	47.2	46.2	53.0	51.3	40.6	49.5
Not Interested	19.3	11.2	19.2	12.5	10.5	18.8	14.0
TOTAL N	259	492	104	328	191	128	751

Q5: WHAT WOULD BE MOST HELPFUL IN TRYING TO DEVELOP OR EXPAND ALCOHOL AND DRUG ABUSE ACTIVITIES

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q5							
Info on activities	35.4	36.0	41.7	35.5	32.7	36.9	35.8
Info on recruitment/training	36.8	37.8	35.7	39.7	35.7	35.9	37.5
Info on work w/ local orgs	22.0	19.0	21.4	19.2	22.8	16.5	20.0
Something else	5.7	7.1	1.2	5.6	8.8	10.7	6.7
TOTAL N	209	436	84	287	171	103	645

Q6: SOURCE OF INFORMATION THAT WOULD BE THE MOST HELPFUL IN TRYING TO DEVELOP ALCOHOL AND DRUG ABUSE ACTIVITIES

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q6							
Brochures or reports	19.7	19.1	16.7	21.0	17.6	19.4	19.3
Video Tapes	21.2	21.6	21.4	21.3	21.8	21.4	21.5
Workshops	43.8	40.5	48.8	42.0	40.6	35.9	41.5
Tech. Assist. from ACTION	12.0	11.5	7.1	12.2	12.4	12.6	11.7
Something else	3.4	7.4	6.0	3.5	7.6	10.7	6.1
TOTAL N	208	435	84	286	170	103	643

Q7: HAS OR HAS HAD RSVP VOLUNTEERS WORKING IN ALCOHOL AND DRUG ABUSE AREAS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q7							
Yes	.	100.0	56.7	61.9	69.6	75.8	65.5
No	100.0	.	43.3	38.1	30.4	24.2	34.5
TOTAL N	259	492	104	328	191	128	751

Q8: IF ANSWERED 'NO' TO Q7, PLANS TO HAVE NEW RSVP VOLUNTEER ACTIVITIES OR STATIONS IN ALCOHOL OR DRUG ABUSE AREAS

Percentage of Responses	Exp.-using RSVP vols in alc/-drug acti-vity	Program size (no. of active volunteers)				
	No Expe-rien-ce	1-249	250-499	500-749	750 +	ALL
Q8						
Yes	39.9	33.3	44.4	33.9	43.3	39.9
No	60.1	66.7	55.6	66.1	56.7	60.1
TOTAL N	258	45	124	59	30	258

Q11: A MAJOR REASON WHY STATIONS STOPPED USING RSVP VOLUNTEERS IN ALCOHOL OR DRUG ABUSE PROGRAMS IS THAT THE STATION CLOSED

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q11_1							
No	100.0	87.8	89.8	88.2	88.0	85.6	87.8
Yes	.	12.2	10.2	11.8	12.0	14.4	12.2
TOTAL N	1	492	59	204	133	97	493

Q11: A MAJOR REASON WHY STATIONS STOPPED USING RSVP VOLUNTEERS IN ALCOHOL OR DRUG ABUSE PROGRAMS IS THAT VOLUNTEERS COULD NOT BE RECRUITED/RETAINED

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q11_2							
No	100.0	76.0	76.3	80.4	75.9	67.0	76.1
Yes	.	24.0	23.7	19.6	24.1	33.0	23.9
TOTAL N	1	492	59	204	133	97	493

Q11: A MAJOR REASON WHY STATIONS STOPPED USING RSVP VOLUNTEERS IN ALCOHOL OR DRUG ABUSE PROGRAMS IS THAT THE STATION NO LONGER HAD TASKS APPROPRIATE FOR RSVP VOLUNTEERS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q11_3							
No	100.0	81.3	76.3	83.8	83.5	76.3	81.3
Yes	.	18.7	23.7	16.2	16.5	23.7	18.7
TOTAL N	1	492	59	204	133	97	493

Q11: THERE IS ANOTHER MAJOR REASON WHY STATIONS STOPPED USING RSVP VOLUNTEERS IN ALCOHOL OR DRUG ABUSE PROGRAMS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q11_4							
No	100.0	84.1	94.9	82.4	81.2	85.6	84.2
Yes	.	15.9	5.1	17.6	18.8	14.4	15.8
TOTAL N	1	492	59	204	133	97	493

Q12: CURRENTLY HAS RSVP VOLUNTEERS WORKING IN ANY ALCOHOL OR DRUG ABUSE ACTIVITIES

Percentage of Responses	Exp.-using RSVP vols in alc/-drug activity	Program size (no. of active volunteers)				
	Has Experience	1-249	250-499	500-749	750 +	ALL
Q12						
Yes	72.6	72.9	72.9	68.4	77.3	72.6
No	27.4	27.1	27.1	31.6	22.7	27.4
TOTAL N	492	59	203	133	97	492

Q13: CURRENTLY RUNS RSVP VOLUNTEER SERVICES IN ALCOHOL OR DRUG ABUSE AREAS DIRECTLY FROM OFFICE

(i.e., without the aid of a station)

Percentage of Responses	Exp.-using RSVP vols in alc/-drug activity	Program size (no. of active volunteers)				
	Has Experience	1-249	250-499	500-749	750 +	ALL
Q13						
Yes	17.1	25.6	13.5	16.5	20.0	17.1
No	82.9	74.4	86.5	83.5	80.0	82.9
TOTAL N	357	43	148	91	75	357

Q22: WITHIN THE NEXT 6 MONTHS PLANS TO BEGIN NEW RSVP VOLUNTEER ACTIVITIES OR STATIONS WORKING IN ALCOHOL ABUSE PREVENTION AND EDUCATION

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q22A							
Yes	72.8	46.7	58.9	50.6	49.7	50.0	51.3
No	27.2	53.3	41.1	49.4	50.3	50.0	48.7
TOTAL N	103	482	73	257	149	106	585

Q22: WITHIN THE NEXT 6 MONTHS PLANS TO BEGIN NEW RSVP VOLUNTEER ACTIVITIES OR STATIONS WORKING IN ALCOHOL ABUSE TREATMENT

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q22B							
Yes	25.2	16.0	17.8	17.2	18.1	17.8	17.6
No	74.8	84.0	82.2	82.8	81.9	82.2	82.4
TOTAL N	103	482	73	256	149	107	585

Q22: WITHIN THE NEXT 6 MONTHS PLANS TO BEGIN NEW RSVP VOLUNTEER ACTIVITIES OR STATIONS WORKING IN DRUG ABUSE PREVENTION AND EDUCATION

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q22C							
Yes	73.8	50.7	63.0	56.8	51.3	49.1	54.8
No	26.2	49.3	37.0	43.2	48.7	50.9	45.2
TOTAL N	103	483	73	257	150	106	586

Q22: WITHIN THE NEXT 6 MONTHS PLANS TO BEGIN NEW RSVP VOLUNTEER ACTIVITIES OR STATIONS WORKING IN DRUG ABUSE TREATMENT

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q22D							
Yes	20.6	14.3	13.7	14.1	17.4	17.0	15.4
No	79.4	85.7	86.3	85.9	82.6	83.0	84.6
TOTAL N	102	482	73	256	149	106	584

Q22: WITHIN THE NEXT 6 MONTHS PLANS TO BEGIN NEW RSVP VOLUNTEER
ACTIVITIES OR STATIONS WORKING IN PREVENTION IN THE MISUSE
OF PRESCRIPTION AND OVER THE COUNTER DRUGS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q22E							
Yes	85.4	52.1	67.1	60.2	48.0	60.4	57.9
No	14.6	47.9	32.9	39.8	52.0	39.6	42.1
TOTAL N	103	482	73	256	150	106	585

Q22: WITHIN THE NEXT 6 MONTHS PLANS TO BEGIN NEW RSVP VOLUNTEER ACTIVITIES OR STATIONS WORKING IN ANOTHER ALCOHOL OR DRUG ABUSE AREA

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q22F							
Yes	13.7	10.0	13.7	9.4	14.3	6.7	10.7
No	86.3	90.0	86.3	90.6	85.7	93.3	89.3
TOTAL N	102	478	73	255	147	105	580

Q23: NUMBER OF NEW STATIONS PLANNING TO HAVE IN THE AREAS OF ALCOHOL OR DRUG ABUSE

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q23							
0	3.0	16.3	19.7	8.6	14.9	16.9	13.2
1	45.0	38.5	41.0	44.6	35.6	33.8	40.0
2	29.0	24.9	23.0	29.0	23.8	23.4	25.9
3-4	14.0	14.5	9.8	12.9	14.9	20.8	14.4
5-9	7.0	4.0	6.6	3.2	6.9	3.9	4.7
10 +	2.0	1.8	.	1.6	4.0	1.3	1.9
TOTAL N	100	325	61	186	101	77	425

WLVOLS: NUMBER OF RSVP VOLUNTEERS ON A WAITING LIST FOR DRUG AND ALCOHOL PROGRAMS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
WLVOLS							
0	96.1	93.6	98.6	93.8	93.3	92.7	94.1
1	.	0.6	.	.	0.7	1.8	0.5
2 +	3.9	5.7	1.4	6.2	6.0	5.5	5.4
TOTAL N	103	488	73	258	150	110	591

Q26: HAS TRIED IN THE PAST 6 MONTHS TO RECRUIT ADDITIONAL STATIONS THAT HAVE DRUG OR ALCOHOL ABUSE ACTIVITIES

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q26							
Yes	29.7	33.0	38.4	30.1	32.0	34.5	32.4
No	70.3	67.0	61.6	69.9	68.0	65.5	67.6
TOTAL N	101	488	73	256	150	110	589

Q27: WHAT IS THE MAIN BARRIER IN PLANNING A PROGRAM IN THE AREA OF ALCOHOL OR DRUG ABUSE OR ALCOHOL PREVENTION, EDUCATION OR TREATMENT

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q27							
Lack of volunteers	39.8	39.0	31.5	41.8	38.4	39.1	39.2
Lack of station requests	6.8	8.6	12.3	8.6	8.6	4.5	8.3
Lack of stations w/ tasks for RSVP	2.9	4.7	2.7	5.5	4.0	3.6	4.4
Lack of programs	4.9	6.2	8.2	5.5	5.3	6.4	5.9
Lack of funds	9.7	14.0	12.3	11.7	15.9	13.6	13.2
Programs lack vol. tasks	11.7	7.8	8.2	9.8	7.3	7.3	8.5
Other orgs more appropriate	8.7	6.0	11.0	5.9	5.3	6.4	6.4
Other	15.5	13.8	13.7	11.3	15.2	19.1	14.1
TOTAL N	103	487	73	256	151	110	590

Q28: HAS VOLUNTEER POSITIONS IN DRUG OR ALCOHOL PREVENTION AND/OR TREATMENT PROGRAMS THAT HAVE BEEN VACANT DUE TO LACK OF VOLUNTEERS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q28							
Yes	16.5	31.6	30.1	28.4	29.1	29.4	29.0
No	83.5	68.4	69.9	71.6	70.9	70.6	71.0
TOTAL N	103	487	73	257	151	109	590

Q29: NUMBER OF VOLUNTEER POSITIONS IN DRUG OR ALCOHOL ABUSE THAT COULD NOT BE FILLED DURING THE LAST 6 MONTHS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
Q29							
1	23.5	11.6	13.6	8.7	16.3	17.2	12.9
2	11.8	28.1	22.7	26.1	30.2	24.1	26.4
3-4	29.4	18.5	18.2	20.3	20.9	17.2	19.6
5-9	17.6	21.9	13.6	27.5	25.6	6.9	21.5
10 +	17.6	19.9	31.8	17.4	7.0	34.5	19.6
TOTAL N	17	146	22	69	43	29	163

VACPOS: NUMBER OF VOLUNTEER POSITIONS IN DRUG OR ALCOHOL ABUSE THAT COULD NOT BE FILLED DURING LAST 6 MONTHS

Percentage of Responses	Exp.using RSVP vols in alc/drug activity		Program size (no. of active volunteers)				
	No Experience	Has Experience	1-249	250-499	500-749	750 +	ALL
VACPOS							
0	83.5	69.5	69.9	72.7	71.3	72.6	72.0
1	3.9	3.5	4.1	2.4	4.7	4.7	3.6
2	1.9	8.6	6.8	7.1	8.7	6.6	7.4
3-4	4.9	5.6	5.5	5.5	6.0	4.7	5.5
5-9	2.9	6.7	4.1	7.5	7.3	1.9	6.0
10 +	2.9	6.1	9.6	4.7	2.0	9.4	5.5
TOTAL N	103	479	73	253	150	106	582

VOLUNTEER STATION SURVEY DATA

RSVP Volunteer Stations Alcohol/Drug Abuse Volunteers
by Project Director Report

Percentage of responses	# of stations currently in RSVP project			Program size (no. of active volunteers)				Length of time as project director				
	1-49	50-74	75 +	1-249	250-499	500-749	750 +	< 1 yr	1-2 yrs	3-4 yrs	5 + yrs	ALL
GROUP												
No vols in alcohol/drug abuse	26.3	43.8	38.3	29.4	42.3	28.9	44.4	50.0	38.9	39.3	31.4	37.6
No RSVP vols in alc/drug abuse	15.8	16.3	17.0	20.6	12.6	17.5	18.5	21.7	12.6	15.7	18.2	16.6
RSVP vols in alc/drug abuse	57.9	40.0	44.8	50.0	45.0	53.5	37.0	28.3	48.4	44.9	50.4	45.8
TOTAL N	57	80	230	34	111	114	108	46	95	89	137	367

Q1A: HOW MANY ACTIVE VOLUNTEERS DID YOUR ORGANIZATION HAVE WORKING IN DRUG/ALCOHOL RELATED ACTIVITIES AT THE END OF LAST QUARTER?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q1A											
1-2	47.7	.	.	17.1	10.8	13.3	12.2	18.4	9.9	18.1	13.7
3-9	20.5	59.1	1.5	31.7	32.4	14.7	22.6	26.3	18.5	29.2	23.5
10-19	15.9	15.9	36.9	24.4	21.6	26.7	26.1	21.1	27.2	22.2	24.8
20 +	15.9	25.0	61.5	26.8	35.1	45.3	39.1	34.2	44.4	30.6	37.9
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

Q1B: NUMBER OF RSVP VOLS IN A/D SERVICES

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
No. of RSVP vols in A/D services											
1-2	28.8	.	.	31.7	21.6	30.7	26.1	36.8	30.9	26.4	28.8
3-9	.	28.8	.	34.1	48.6	16.0	27.8	31.6	24.7	33.3	28.8
10 +	.	.	42.5	34.1	29.7	53.3	46.1	31.6	44.4	40.3	42.5
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

Q2YR: HOW LONG HAS YOUR ORGANIZATION USED RSVP VOLUNTEERS?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q2YR											
0-1	22.7	18.2	13.8	29.3	13.5	13.3	17.4	18.4	16.0	19.4	17.6
2-3	13.6	25.0	21.5	22.0	16.2	21.3	20.9	18.4	23.5	16.7	20.3
4-5	29.5	29.5	9.2	22.0	10.8	25.3	18.3	28.9	23.5	18.1	20.9
6-9	18.2	6.8	20.0	17.1	16.2	14.7	15.7	15.8	12.3	19.4	15.7
10 +	15.9	20.5	35.4	9.8	43.2	25.3	27.8	18.4	24.7	26.4	25.5
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

Q3: WHERE IS YOUR ORGANIZATION LOCATED?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q3											
Community mental hlth ctr	6.8	2.3	3.1	.	8.1	4.0	3.5	5.3	4.9	2.8	3.9
Community/public hlth ctr	4.5	.	3.1	.	.	5.3	2.6	2.6	3.7	1.4	2.6
Social/family serv agency	13.6	11.4	6.2	4.9	13.5	10.7	8.7	13.2	11.1	8.3	9.8
School/Sch Dist/Sch Consort	11.4	18.2	15.4	34.1	.	12.0	16.5	10.5	4.9	26.4	15.0
Hosp/Clinic/Med center	15.9	4.5	7.7	.	16.2	10.7	6.1	18.4	11.1	6.9	9.2
Senior Health Center	2.3	6.8	1.5	4.9	5.4	1.3	3.5	2.6	2.5	4.2	3.3
Police Department	4.5	4.5	3.1	14.6	.	.	4.3	2.6	1.2	6.9	3.9
RSVP Project Office	2.3	9.1	12.3	4.9	10.8	9.3	9.6	5.3	6.2	11.1	8.5
Other	38.6	43.2	47.7	36.6	45.9	46.7	45.2	39.5	54.3	31.9	43.8
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

Q4: How would you describe the area that your organization serves?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		ALL
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	
Q4											
Urban, pop 100,000 or more	15.9	13.6	24.6	17.1	21.6	18.7	19.1	18.4	35.8	.	19.0
Urban, pop 50,000-100,000	27.3	15.9	9.2	14.6	16.2	17.3	15.7	18.4	30.9	.	16.3
Suburban	4.5	4.5	6.2	4.9	8.1	4.0	5.2	5.3	9.9	.	5.2
Rural, pop less than 50,000	43.2	54.5	44.6	58.5	37.8	45.3	48.7	42.1	.	100.0	47.1
Other	9.1	11.4	15.4	4.9	16.2	14.7	11.3	15.8	23.5	.	12.4
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

OF THE RESPONDENTS WHO HAVE ACTIVITIES IN THE FOLLOWING AREAS,
PERCENTAGE WHO HAVE RSVP VOLUNTEERS WORKING IN THAT AREA

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		ALL
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	
Alc Abuse Educ/Prev (Youth)	90.2	71.3	94.3	97.6	0.0	96.0	91.1	75.6	80.7	93.3	86.7
Alc Abuse Treatment (Youth)	52.1	31.9	40.7	32.3	0.0	55.2	48.3	31.0	45.3	39.5	42.6
Alc Abuse Educ/Prev (Adults)	71.9	68.6	92.3	0.0	75.5	89.1	81.3	74.2	78.0	80.4	79.0
Alc Abuse Treatment (Adults)	59.0	46.7	68.6	0.0	66.3	61.5	72.7	37.6	60.4	57.6	59.2
Drug Abuse Educ/Prev (Youth)	81.8	68.1	87.3	89.0	0.0	84.6	82.5	75.7	77.0	84.2	80.5
Drug Abuse Treatment (Youth)	49.6	33.7	42.6	16.9	0.0	52.1	45.0	41.4	45.7	41.5	43.7
Drug Abuse Educ/Prev (Adults)	89.3	70.9	92.0	0.0	81.4	96.5	85.3	86.6	88.0	83.2	85.7
Drug Abuse Treatment (Adults)	70.7	39.8	60.4	0.0	56.1	69.2	71.3	40.5	67.2	49.5	59.7
Prev of Misuse of Pres Drugs (Youth)	71.8	58.4	74.1	51.5	0.0	81.5	66.7	77.2	60.4	77.2	69.8
Prev of Misuse of Pres Drugs (Adults)	81.8	64.8	83.2	0.0	77.4	85.8	81.2	70.2	74.1	82.0	77.6
Other Alc or Drug Abuse Prog (Youth)	72.8	59.0	73.4	67.4	0.0	81.6	78.3	46.5	62.2	77.7	69.8
Other Alc or Drug Abuse Prog (Adults)	59.4	74.9	82.2	0.0	76.4	82.7	82.9	48.1	76.9	71.4	74.5
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

SERVICE: WHOM RSVP VOLUNTEERS PROVIDE SERVICES TO

Derived from question 6

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		ALL
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	
RSVP vols provide services to											
Children /Youth only	29.5	31.8	21.5	26.8	.	.	31.3	13.2	21.0	33.3	26.8
Adults only	18.2	40.9	16.9	.	24.2	.	20.9	34.2	28.4	19.4	24.2
Both children and adults	52.3	27.3	61.5	.	.	49.0	47.8	52.6	50.6	47.2	49.0
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

OF THE RESPONDENTS WHOSE ORGANIZATIONS OFFER SERVICES IN THE FOLLOWING AREAS, PERCENTAGE WHO HAVE RSVP VOLUNTEERS PROVIDING DIRECT SERVICES

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		ALL
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	
Public Info Campaigns	36.4	43.6	53.5	56.6	31.8	47.7	65.6	0.0	40.6	49.1	45.2
Counseling/Therapy	10.4	41.6	44.8	9.2	32.4	36.1	45.8	0.0	27.0	35.3	31.0
Affective Education	29.3	61.7	47.0	63.6	34.6	42.4	64.3	0.0	39.2	52.0	45.2
Peer resistance skill training	33.6	45.1	45.3	46.6	35.5	40.3	60.7	0.0	35.8	46.9	41.2
Alternatives	35.8	37.1	59.3	55.1	25.1	48.5	65.6	0.0	43.2	47.8	45.3
Hotline	36.2	23.6	50.2	12.7	30.4	48.6	51.5	0.0	36.7	38.5	37.3
Info prog for persons at risk	44.0	61.6	56.9	56.1	58.8	50.0	79.9	0.0	45.4	63.4	53.8
One on one interpersonal act	33.9	40.9	63.5	44.0	32.6	54.6	65.2	0.0	34.4	61.9	47.7
ID & referral of alc/drug users	30.6	43.6	49.4	16.0	40.7	48.4	55.1	0.0	35.7	45.7	40.7
Training to provide ADA act	2.7	27.6	49.3	34.1	21.1	28.2	41.8	0.0	21.9	33.9	26.9
Other	53.0	63.2	72.2	51.5	76.6	58.5	77.9	0.0	64.8	51.0	61.2
TOTAL N	44	44	65	41	37	76	115	38	81	72	153

OF THE RESPONDENTS WHOSE ORGANIZATIONS OFFER SERVICES IN THE FOLLOWING AREAS, PERCENTAGE WHO HAVE RSVP VOLUNTEERS PROVIDING SUPPORT SERVICES

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Public Info Campaigns	61.7	68.8	70.2	63.5	68.3	67.6	71.5	57.5	71.7	63.1	67.1
Counseling/Therapy	55.8	39.6	66.7	33.3	60.8	57.2	53.6	57.6	60.2	49.3	54.9
Affective Education	53.7	52.4	59.7	51.6	52.0	58.9	58.6	48.9	56.2	55.1	55.7
Peer resistance skill training	36.3	21.4	50.6	36.3	23.5	42.4	41.8	31.6	42.1	34.7	38.5
Alternatives	53.7	44.9	59.3	58.6	47.7	54.1	59.9	40.2	58.3	48.5	53.8
Hotline	50.7	29.9	44.7	22.5	30.4	54.0	48.1	27.0	44.2	38.5	42.3
Info prog for persons at risk	55.9	65.2	51.0	49.7	64.0	54.5	63.4	42.5	54.5	59.0	56.6
One on one interpersonal act	58.2	43.7	62.4	38.9	55.5	62.7	58.8	50.1	61.7	50.9	56.5
ID & referral of alc/drug users	42.8	35.8	51.6	20.4	46.9	49.7	41.4	50.6	44.4	43.2	43.8
Training to provide ADA act	27.6	30.1	50.0	31.3	40.0	36.2	42.3	26.5	40.2	31.7	36.7
Other	72.9	45.0	82.5	77.4	58.9	65.0	69.2	52.3	65.3	66.5	65.6
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

NUMBER OF RSVP VOLUNTEER PROVIDERS

Overall

Services	Direct		Support	
	Mean	Median	Mean	Median
a. Public information campaigns	7.7	4	7.9	5
b. Counseling or therapy	4.4	3	6.3	3
c. Affective education	6.0	3	6.4	4
d. Peer resistance skill training	6.0	4	7.6	5
e. Alternatives	5.5	3	6.7	3
f. Hotline	6.1	2	8.1	3
g. Informational programs for persons at risk	6.7	4	6.9	4
h. One-on-one interpersonal activities	6.8	4	8.2	4
i. ID and referral of alcohol/drug users	7.0	3	5.2	2
j. Training people to provide alcohol/drug abuse activities	7.6	5	6.7	3
k. Other	5.6	4	3.2	2

NUMBER OF RSVP VOLUNTEER PROVIDERS

In relation to No. of RSVP vols. in A/D Services

Services	1-2				3-9				10 +			
	Direct		Support		Direct		Support		Direct		Support	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
a. Public information campaigns	3.3	2	1.8	1	6.4	5	10.1	5	11.0	5	10.7	9
b. Counseling or therapy	1.5	1	1.6	1	2.3	2	6.4	4	7.1	5	10.7	7.5
c. Affective education	1.5	1	4.0	1	3.9	3	6.1	3	10.7	10	8.6	6
d. Peer resistance skill training	1.3	1	1.1	1	4.4	3	9.4	4.5	10.1	10	11.6	10
e. Alternatives	1.4	1	4.0	1	3.2	3	6.0	3	9.1	9	9.6	9
f. Hotline	1.4	1	5.1	1	3.0	3	13.4	3	10.7	2	8.4	7.5
g. Informational programs for persons at risk	1.8	2	1.7	1	4.0	3	10.0	4	12.1	6	9.3	9.5
h. One-on-one interpersonal activities	1.8	1.5	7.1	1	4.3	4	10.7	4	10.7	8.5	8.2	7
i. ID and referral of alcohol/drug users	1.6	1	1.3	1	5.5	3	4.9	3	12.0	11	9.1	7
j. Training people to provide alcohol/drug abuse activities	1.0	1	1.1	1	1.9	1.5	12.0	3	10.2	10	7.3	4.5
k. Other	1.3	1	1.4	1	4.4	3.5	3.9	3	10.9	10	6.3	8

NUMBER OF RSVP VOLUNTEER PROVIDERS

In relation to whom RSVP vols provide service to

Services	Children/Youth Only				Adults Only				Both Children and Adults			
	Direct		Support		Direct		Support		Direct		Support	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
a. Public information campaigns	5.7	4	8.5	6	6.3	4	11.7	5	8.9	5	6.0	5
b. Counseling or therapy	5.1	6	6.4	3.5	3.7	3	7.4	4	4.9	3	5.8	3
c. Affective education	5.1	3	10.3	5	2.7	3	4.8	3	7.9	5	5.8	3.5
d. Peer resistance skill training	3.8	3	7.1	5	2.3	3	13.6	10	7.7	5	7.4	5
e. Alternatives	4.6	2.5	8.8	4	3.8	3.5	7.3	5.5	6.4	3	6.0	3
f. Hotline	1.0	1	1.9	2	10.0	7.5	10.0	7.5	5.6	2	8.6	2.5
g. Informational programs for persons at risk	3.8	3	5.9	3	4.6	4	8.9	7.5	8.9	5	6.0	3
h. One-on-one interpersonal activities	6.0	3	22.2	7	9.3	1	6.4	3	6.9	6.5	6.3	4
i. ID and referral of alcohol/drug users	3.4	2.5	7.4	4	8.8	3	7.8	3	6.8	2.5	3.9	2
j. Training people to provide alcohol/drug abuse activities	5.4	5	3.2	2.5	6.1	3	8.7	4	8.7	10	6.2	2
k. Other	2.9	4	3.8	4	7.8	6.5	3.4	3	5.2	4	3.1	2

NUMBER OF RSVP VOLUNTEER PROVIDERS

In relation to volunteer station location

Services	Urban/Mixed				Rural			
	Direct		Support		Direct		Support	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median
a. Public information campaigns	10.1	5	9.9	5	6.1	4	5.9	3
b. Counseling or therapy	6.1	3	7.6	5	3.1	2	4.7	3
c. Affective education	5.3	3	7.3	3.5	6.6	4	5.3	4
d. Peer resistance skill training	5.7	4	7.9	4.5	6.2	3.5	7.3	5
e. Alternatives	6.1	4	7.9	4	4.9	3	5.1	3
f. Hotline	3.9	1.5	7.4	3	10.4	3	10.0	3
g. Informational programs for persons at risk	8.8	4	6.6	4.5	5.0	4	7.2	3
h. One-on-one interpersonal activities	7.2	5	10.4	4	6.5	4	5.6	3
i. ID and referral of alcohol/drug users	7.0	4	7.6	3	7.0	2.5	2.7	1
j. Training people to provide alcohol/drug abuse activities	8.3	7.5	6.5	2	6.9	4	7.1	3.5
k. Other	6.4	5	3.2	2	2.9	3	3.1	3

NUMBER OF RSVP VOLUNTEER PROVIDERS

In relation to services provided by RSVP volunteers

Services	Direct		Direct Support		Indirect Only Direct		Indirect Only Support	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median
a. Public information campaigns	7.7	4	6.5	5	--	--	11.7	7
b. Counseling or therapy	4.4	3	6.8	3	--	--	5.5	2
c. Affective education	6.0	3	6.2	3.5	--	--	6.9	5
d. Peer resistance skill training	6.0	4	7.0	4.5	--	--	9.5	15
e. Alternatives	5.5	3	6.9	3	--	--	6.2	1.5
f. Hotline	6.1	2	7.8	3	--	--	9.9	7
g. Informational programs for persons at risk	6.7	4	7.1	4	--	--	6.2	3
h. One-on-one interpersonal activities	6.8	4	9.0	4	--	--	5.7	1.5
i. ID and referral of alcohol/drug users	7.0	3	4.8	2.5	--	--	6.2	1
j. Training people to provide alcohol/drug abuse activities	7.6	5	7.0	3	--	--	5.8	1
k. Other	5.6	4	3.8	3	--	--	1.0	1

DIRECT: SERVICES PROVIDED BY RSVP VOLUNTEERS
Derived from question 6

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Services provided by RSVP vols											
Direct	68.2	72.7	81.5	87.8	64.9	73.3	75.2	.	72.8	77.8	75.2
Indirect only	31.8	27.3	18.5	12.2	35.1	26.7	.	24.8	27.2	22.2	24.8
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

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Q7A: AMONG VOLUNTEERS WORKING IN THE DRUG/ALCOHOL AREA, HOW DO RSVP VOLS COMPARE WITH OTHER VOLS WORKING IN YOUR ORGANIZATION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q7A											
Fewer problems learning job	34.4	39.3	27.3	37.0	47.6	24.4	36.5	26.7	34.5	31.6	33.3
About the same	59.4	60.7	60.6	51.9	52.4	68.9	58.7	63.3	60.0	60.5	60.2
More problems learning job	6.3	.	12.1	11.1	.	6.7	4.8	10.0	5.5	7.9	6.5
TOTAL N	32	28	33	27	21	45	63	30	55	38	93

Q7B: AMONG VOLUNTEERS WORKING IN THE DRUG/ALCOHOL AREA, HOW DO RSVP VOLS COMPARE WITH OTHER VOLS WORKING IN YOUR ORGANIZATION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		ALL
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	
Q7B											
RSVP vols are more dependable	53.1	71.4	75.8	55.6	71.4	71.1	69.8	60.0	74.5	55.3	66.7
They are about the same	46.9	28.6	24.2	44.4	28.6	28.9	30.2	40.0	25.5	44.7	33.3
TOTAL N	32	28	33	27	21	45	63	30	55	38	93

Q7C: AMONG VOLUNTEERS WORKING IN THE DRUG/ALCOHOL AREA, HOW DO RSVP VOLS COMPARE WITH OTHER VOLS WORKING IN YOUR ORGANIZATION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q7C											
RSVP vols need less supervis.	25.0	42.9	36.4	18.5	42.9	40.0	36.5	30.0	32.7	36.8	34.4
They are about the same	68.8	53.6	48.5	70.4	57.1	48.9	55.6	60.0	58.2	55.3	57.0
RSVP vols need more supervis.	6.3	3.6	15.2	11.1	.	11.1	7.9	10.0	9.1	7.9	8.6
TOTAL N	32	28	33	27	21	45	63	30	55	38	93

Q7D: AMONG VOLUNTEERS WORKING IN THE DRUG/ALCOHOL AREA, HOW DO RSVP VOLS COMPARE WITH OTHER VOLS WORKING IN YOUR ORGANIZATION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q7D											
Get along well w/ other staff	43.8	57.1	54.5	44.4	61.9	51.1	55.6	43.3	52.7	50.0	51.6
About the same	56.3	42.9	42.4	55.6	38.1	46.7	42.9	56.7	45.5	50.0	47.3
Get along less well w/ staff	.	.	3.0	.	.	2.2	1.6	.	1.8	.	1.1
TOTAL N	32	28	33	27	21	45	63	30	55	38	93

Q7E: AMONG VOLUNTEERS WORKING IN THE DRUG/ALCOHOL AREA, HOW DO RSVP VOLS COMPARE WITH OTHER VOLS WORKING IN YOUR ORGANIZATION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q7E											
Clients more at ease w/ them	31.3	32.1	42.4	37.0	47.6	28.9	41.3	23.3	30.9	42.1	35.5
About the same	50.0	42.9	33.3	51.9	28.6	42.2	47.6	30.0	43.6	39.5	41.9
Clients less at ease w/ them	3.1	.	.	3.7	.	.	1.6	.	1.8	.	1.1
RSVP vol don't work w/ clients	15.6	25.0	24.2	7.4	23.8	28.9	9.5	46.7	23.6	18.4	21.5
TOTAL N	32	28	33	27	21	45	63	30	55	38	93

Q7F: AMONG VOLUNTEERS WORKING IN THE DRUG/ALCOHOL AREA, HOW DO RSVP VOLS COMPARE WITH OTHER VOLS WORKING IN YOUR ORGANIZATION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q7F											
RSVP vols are easier to retain	46.9	64.3	69.7	51.9	71.4	60.0	63.5	53.3	63.6	55.3	60.2
They are about the same	43.8	28.6	24.2	33.3	23.8	35.6	30.2	36.7	29.1	36.8	32.3
RSVP vols are harder to retain	9.4	7.1	6.1	14.8	4.8	4.4	6.3	10.0	7.3	7.9	7.5
TOTAL N	32	28	33	27	21	45	63	30	55	38	93

Q7G: AMONG VOLUNTEERS WORKING IN THE DRUG/ALCOHOL AREA, HOW DO RSVP VOLS COMPARE WITH OTHER VOLS WORKING IN YOUR ORGANIZATION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q7G											
More avail. to work on sched.	64.5	57.1	66.7	59.3	61.9	65.9	65.1	58.6	63.0	63.2	63.0
About the same	35.5	39.3	27.3	37.0	33.3	31.8	31.7	37.9	33.3	34.2	33.7
Less avail. to work on sched.	.	3.6	6.1	3.7	4.8	2.3	3.2	3.4	3.7	2.6	3.3
TOTAL N	31	28	33	27	21	44	63	29	54	38	92

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Q7H: AMONG VOLUNTEERS WORKING IN THE DRUG/ALCOHOL AREA, HOW DO RSVP VOLS COMPARE WITH OTHER VOLS WORKING IN YOUR ORGANIZATION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q7H											
Have more empathy for clients	18.8	25.0	45.5	18.5	38.1	33.3	34.9	20.0	23.6	39.5	30.1
About the same	62.5	42.9	24.2	63.0	28.6	37.8	49.2	30.0	45.5	39.5	43.0
Have less empathy for clients	3.1	.	3.0	.	4.8	2.2	1.6	3.3	3.6	.	2.2
RSVP vols don't work w/clients	15.6	32.1	27.3	18.5	28.6	26.7	14.3	46.7	27.3	21.1	24.7
TOTAL N	32	28	33	27	21	45	63	30	55	38	93

Q7I: AMONG VOLUNTEERS WORKING IN THE DRUG/ALCOHOL AREA, HOW DO
RSVP VOLS COMPARE WITH OTHER VOLS WORKING IN YOUR ORGANIZATION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		ALL
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	
Q7I											
More willing to do tasks	40.6	57.1	60.6	44.4	61.9	53.3	54.0	50.0	56.4	47.4	52.7
About the same	59.4	39.3	39.4	51.9	38.1	46.7	44.4	50.0	41.8	52.6	46.2
Less willing to do tasks	.	3.6	.	3.7	.	.	1.6	.	1.8	.	1.1
TOTAL N	32	28	33	27	21	45	63	30	55	38	93

Q8: WHAT IS THE MAIN ADVANTAGE TO YOUR ORGANIZATION OF USING RSVP VOLUNTEERS IN DRUG/ALCOHOL ACTIVITIES? FIRST CHOICE

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		ALL
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	
Q8_1											
Additional support	27.3	27.3	24.6	29.3	21.6	26.7	21.7	39.5	25.9	26.4	26.1
Interest & enthusiasm	13.6	22.7	7.7	17.1	13.5	12.0	12.2	18.4	16.0	11.1	13.7
Valuable knowledge	6.8	6.8	9.2	9.8	10.8	5.3	8.7	5.3	9.9	5.6	7.8
Valuable skills	9.1	9.1	1.5	7.3	5.4	5.3	7.8	.	6.2	5.6	5.9
Life experiences	11.4	13.6	18.5	9.8	13.5	18.7	17.4	7.9	9.9	20.8	15.0
Ability to empathize	6.8	9.1	4.6	2.4	16.2	4.0	7.8	2.6	4.9	8.3	6.5
Dependable	18.2	9.1	21.5	17.1	8.1	21.3	14.8	23.7	17.3	16.7	17.0
Other	6.8	2.3	12.3	7.3	10.8	6.7	9.6	2.6	9.9	5.6	7.8
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

Q8: WHAT IS THE MAIN ADVANTAGE TO YOUR ORGANIZATION OF USING RSVP VOLUNTEERS IN DRUG/ALCOHOL ACTIVITIES? SECOND CHOICE

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q8_2											
Additional support	13.6	6.8	12.5	7.3	5.4	16.2	11.4	10.5	12.3	9.9	11.2
Interest & enthusiasm	11.4	18.2	23.4	17.1	10.8	23.0	17.5	21.1	16.0	21.1	18.4
Valuable knowledge	9.1	6.8	10.9	9.8	16.2	5.4	10.5	5.3	7.4	11.3	9.2
Valuable skills	13.6	18.2	7.8	19.5	13.5	8.1	14.9	5.3	12.3	12.7	12.5
Life experiences	34.1	18.2	9.4	19.5	16.2	20.3	18.4	21.1	17.3	21.1	19.1
Ability to empathize	2.3	6.8	4.7	.	10.8	4.1	4.4	5.3	6.2	2.8	4.6
Dependable	11.4	25.0	21.9	17.1	24.3	18.9	17.5	26.3	24.7	14.1	19.7
Other	4.5	.	9.4	9.8	2.7	4.1	5.3	5.3	3.7	7.0	5.3
TOTAL N	44	44	64	41	37	74	114	38	81	71	152

Q8: WHAT IS THE MAIN ADVANTAGE TO YOUR ORGANIZATION OF USING RSVP VOLUNTEERS IN DRUG/ALCOHOL ACTIVITIES?
THIRD CHOICE

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		ALL
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	
Q8_3											
Additional support	11.6	13.6	9.5	15.4	19.4	5.3	13.4	5.3	7.6	15.5	11.3
Interest & enthusiasm	11.6	4.5	17.5	10.3	16.7	10.7	10.7	15.8	17.7	5.6	12.0
Valuable knowledge	14.0	13.6	11.1	12.8	5.6	16.0	13.4	10.5	12.7	12.7	12.7
Valuable skills	4.7	15.9	17.5	17.9	8.3	13.3	12.5	15.8	8.9	18.3	13.3
Life experiences	9.3	11.4	20.6	10.3	13.9	17.3	16.1	10.5	19.0	9.9	14.7
Ability to empathize	11.6	9.1	7.9	10.3	8.3	9.3	9.8	7.9	8.9	9.9	9.3
Dependable	30.2	18.2	12.7	15.4	13.9	24.0	17.0	26.3	17.7	21.1	19.3
Other	7.0	13.6	3.2	7.7	13.9	4.0	7.1	7.9	7.6	7.0	7.3
TOTAL N	43	44	63	39	36	75	112	38	79	71	150

Q9: BASED ON YOUR EXPERIENCE, WHAT DO RSVP VOLUNTEERS FIND MOST REWARDING IN THEIR DRUG/ALCOHOL WORK IN YOUR ORGANIZATION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q9											
Working w/ vols & staff of org	16.3	20.5	15.4	14.6	19.4	17.3	14.8	24.3	18.8	15.3	17.1
Interactions with clients	46.5	40.9	43.1	48.8	47.2	38.7	48.7	27.0	37.5	50.0	43.4
Develop new skills/obtain info	11.6	22.7	13.8	12.2	13.9	18.7	14.8	18.9	16.3	15.3	15.8
Other	25.6	15.9	27.7	24.4	19.4	25.3	21.7	29.7	27.5	19.4	23.7
TOTAL N	43	44	65	41	36	75	115	37	80	72	152

Q10A: FOR YOUR ORGANIZATION TO MAKE THE BEST USE OF RSVP VOLUNTEERS IN ALCOHOL/DRUG ACTIVITIES, DO YOU NEED ADDITIONAL MANAGEMENT HELP FROM THE RSVP PROJECT IN VOLUNTEER RECRUITMENT?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q10A											
No additional help needed	47.7	58.1	50.8	51.2	63.9	46.7	52.6	50.0	53.1	50.7	52.0
Need some additional help	29.5	25.6	33.8	29.3	27.8	32.0	31.6	26.3	28.4	32.4	30.3
Need substantial add. help	18.2	9.3	9.2	12.2	5.6	14.7	9.6	18.4	13.6	9.9	11.8
Does not apply	4.5	7.0	6.2	7.3	2.8	6.7	6.1	5.3	4.9	7.0	5.9
TOTAL N	44	43	65	41	36	75	114	38	81	71	152

Q10B: FOR YOUR ORGANIZATION TO MAKE THE BEST USE OF RSVP VOLUNTEERS IN ALCOHOL/DRUG ACTIVITIES, DO YOU NEED ADDITIONAL MANAGEMENT HELP FROM THE RSVP PROJECT IN VOLUNTEER SCREENING?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q10B											
No additional help needed	68.2	75.0	78.5	78.0	81.1	69.3	73.9	76.3	74.1	75.0	74.5
Need some additional help	27.3	11.4	9.2	12.2	13.5	17.3	15.7	13.2	14.8	15.3	15.0
Need substantial add. help	.	4.5	3.1	.	2.7	4.0	1.7	5.3	4.9	.	2.6
Does not apply	4.5	9.1	9.2	9.8	2.7	9.3	8.7	5.3	6.2	9.7	7.8
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

Q10C: FOR YOUR ORGANIZATION TO MAKE THE BEST USE OF RSVP VOLUNTEERS IN ALCOHOL/DRUG ACTIVITIES, DO YOU NEED ADDITIONAL MANAGEMENT HELP FROM THE RSVP PROJECT IN INITIAL TRAINING AND ORIENTATION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q10C											
No additional help needed	70.5	70.5	56.9	58.5	67.6	66.7	64.3	65.8	64.2	65.3	64.7
Need some additional help	18.2	18.2	29.2	29.3	18.9	21.3	23.5	21.1	23.5	22.2	22.9
Need substantial add. help	4.5	4.5	6.2	2.4	8.1	5.3	5.2	5.3	4.9	5.6	5.2
Does not apply	6.8	6.8	7.7	9.8	5.4	6.7	7.0	7.9	7.4	6.9	7.2
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

Q10D: FOR YOUR ORGANIZATION TO MAKE THE BEST USE OF RSVP VOLUNTEERS IN ALCOHOL/DRUG ACTIVITIES, DO YOU NEED ADDITIONAL MANAGEMENT HELP FROM THE RSVP PROJECT IN JOB-SPECIFIC TRAINING?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		ALL
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	
Q10D											
No additional help needed	75.0	72.7	60.0	61.0	73.0	69.3	67.0	71.1	65.4	70.8	68.0
Need some additional help	15.9	13.6	21.5	22.0	16.2	16.0	17.4	18.4	17.3	18.1	17.6
Need substantial add. help	4.5	4.5	7.7	4.9	5.4	6.7	7.0	2.6	7.4	4.2	5.9
Does not apply	4.5	9.1	10.8	12.2	5.4	8.0	8.7	7.9	9.9	6.9	8.5
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

Q10E: FOR YOUR ORGANIZATION TO MAKE THE BEST USE OF RSVP VOLUNTEERS IN ALCOHOL/DRUG ACTIVITIES, DO YOU NEED ADDITIONAL MANAGEMENT HELP FROM THE RSVP PROJECT IN VOLUNTEER RECOGNITION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q10E											
No additional help needed	61.4	65.9	75.4	56.1	75.7	72.0	67.8	71.1	70.4	66.7	68.6
Need some additional help	27.3	22.7	18.5	26.8	18.9	21.3	22.6	21.1	19.8	25.0	22.2
Need substantial add. help	4.5	6.8	1.5	9.8	2.7	1.3	4.3	2.6	3.7	4.2	3.9
Does not apply	6.8	4.5	4.6	7.3	2.7	5.3	5.2	5.3	6.2	4.2	5.2
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

Q10F: FOR YOUR ORGANIZATION TO MAKE THE BEST USE OF RSVP VOLUNTEERS IN ALCOHOL/DRUG ACTIVITIES, DO YOU NEED ADDITIONAL MANAGEMENT HELP FROM THE RSVP PROJECT IN ASSIST. IN PROBLEMS IN DOING VOLUNTEER JOB?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q10F											
No additional help needed	72.7	72.7	76.9	68.3	78.4	76.0	73.0	78.9	72.8	76.4	74.5
Need some additional help	20.5	11.4	13.8	17.1	16.2	13.3	15.7	13.2	14.8	15.3	15.0
Need substantial add. help	2.3	4.5	3.1	4.9	.	4.0	4.3	.	4.9	1.4	3.3
Does not apply	4.5	11.4	6.2	9.8	5.4	6.7	7.0	7.9	7.4	6.9	7.2
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

Q10G: FOR YOUR ORGANIZATION TO MAKE THE BEST USE OF RSVP VOLUNTEERS
IN ALCOHOL/DRUG ACTIVITIES, DO YOU NEED ADDITIONAL MANAGEMENT HELP
FROM THE RSVP PROJECT IN INFO ON VOLUNTEER INTERESTS OR BACKGROUND?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q10G											
No additional help needed	68.2	68.2	60.0	61.0	67.6	65.3	66.1	60.5	65.4	63.9	64.7
Need some additional help	25.0	15.9	29.2	26.8	21.6	24.0	21.7	31.6	23.5	25.0	24.2
Need substantial add. help	2.3	6.8	3.1	4.9	2.7	4.0	5.2	.	3.7	4.2	3.9
Does not apply	4.5	9.1	7.7	7.3	8.1	6.7	7.0	7.9	7.4	6.9	7.2
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

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Q10H: FOR YOUR ORGANIZATION TO MAKE THE BEST USE OF RSVP VOLUNTEERS IN ALCOHOL/DRUG ACTIVITIES, DO YOU NEED ADDITIONAL MANAGEMENT HELP FROM THE RSVP PROJECT IN OTHER VOLUNTEER MANAGEMENT?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q10H											
No additional help needed	75.0	76.7	70.8	68.3	75.0	76.0	75.4	68.4	76.5	70.4	73.7
Need some additional help	4.5	7.0	9.2	7.3	2.8	9.3	7.0	7.9	4.9	9.9	7.2
Need substantial add. help	4.5	.	6.2	2.4	2.8	5.3	3.5	5.3	6.2	1.4	3.9
Does not apply	15.9	16.3	13.8	22.0	19.4	9.3	14.0	18.4	12.3	18.3	15.1
TOTAL N	44	43	65	41	36	75	114	38	81	71	152

Q11: HOW IMPORTANT ARE RSVP VOLUNTEERS TO THE SUCCESS OF YOUR ORGANIZATION?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q11											
Very important	45.5	63.6	76.9	51.2	67.6	69.3	67.0	55.3	65.4	62.5	64.1
Important	29.5	25.0	13.8	24.4	27.0	17.3	22.6	18.4	18.5	25.0	21.6
Somewhat important	25.0	11.4	4.6	19.5	5.4	12.0	9.6	21.1	14.8	9.7	12.4
Not very important	.	.	4.6	4.9	.	1.3	0.9	5.3	1.2	2.8	2.0
TOTAL N	44	44	65	41	37	75	115	38	81	72	153

NEEDRSVP: HOW MANY ADDITIONAL RSVP VOLUNTEERS COULD YOU USE TO FILL VOLUNTEER POSITIONS IN THE ALCOHOL/DRUG AREA?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
NEEDRSVP											
0	46.5	43.2	46.2	53.7	45.9	40.5	44.3	48.6	35.0	56.9	45.4
1-4	25.6	29.5	13.8	24.4	24.3	18.9	22.6	18.9	23.8	19.4	21.7
5-9	20.9	6.8	13.8	9.8	10.8	17.6	12.2	18.9	13.8	13.9	13.8
10-19	4.7	15.9	10.8	9.8	8.1	12.2	10.4	10.8	13.8	6.9	10.5
20 +	2.3	4.5	15.4	2.4	10.8	10.8	10.4	2.7	13.8	2.8	8.6
TOTAL N	43	44	65	41	37	74	115	37	80	72	152

Q14: DURING THE LAST QUARTER, HOW HAS THE NUMBER OF RSVP VOLUNTEERS WORKING IN YOUR STATION'S ALCOHOL OR DRUG ACTIVITIES CHANGED?

Percentage of responses	No. of RSVP vols in A/D services			RSVP vols provide services to			Services provided by RSVP vols		Volunteer station location		
	1-2	3-9	10 +	Children /Youth only	Adults only	Both children and adults	Direct	Indirect only	Urban/ Mixed	Rural	ALL
Q14											
Greatly increased	.	9.3	12.3	2.5	5.4	12.0	8.8	5.3	11.1	4.2	7.9
Slightly increased	4.5	11.6	20.0	15.0	13.5	12.0	15.8	5.3	13.6	12.7	13.2
Remained about the same	93.2	67.4	58.5	77.5	67.6	69.3	69.3	76.3	67.9	74.6	71.1
Decreased	2.3	11.6	9.2	5.0	13.5	6.7	6.1	13.2	7.4	8.5	7.9
TOTAL N	44	43	65	40	37	75	114	38	81	71	152

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